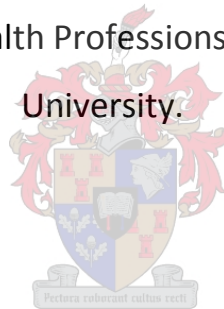


Student Nurses' Experience of Feedback During Clinical Learning at a Rural Nursing School: An Exploratory study.

Beloved Masava

Research Assignment submitted in partial fulfilment of the requirements of
Master of Philosophy in Health Professions Education at Stellenbosch
University.



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December 2016

Declaration letter

I, **Beloved Masava**, hereby submit this research assignment, in fulfilment for the Master in Philosophy (Health Professions Education). I declare that the work contained in this assignment is my original work and I have not previously submitted it, for obtaining any qualification.

Signature

Date: December 2016

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Abstract

Introduction and background

Feedback is an integral element of clinical teaching and acts as a platform for identification and correction of learners' mistakes to improve their future performances. Without feedback mistakes could be repeated in future as the learner will be unaware of such. Learners' enrolments at Paray School of Nursing have quadrupled during the past four years. Since feedback provision during clinical practice of learners is mainly done by clinical teachers, an imbalance between learners and clinical nursing staff enrolments during the past five years has increased the workload of nurses as they strive to balance between teaching role and patient care. These circumstances have casted a doubt on the adequacy and quality of feedback learners are subjected to during their clinical practice.

Aim and purpose of the study

The aim of this study was to explore learners' experiences of feedback they received during clinical practice. The results better the understanding of the learners' experiences of such feedback.

Methods

A qualitative explorative descriptive design was used to describe the learner's understanding of the concept of feedback during clinical practice. Purposive sampling technique was utilised to select a sample of twenty eight learners who participated in focus group discussions. Sample size was determined on the basis of data 'saturation'. Selected students were asked to give a written consent to participate in the study. A semi-structured interviews schedule was used to guide focus group discussions. Data obtained was analysed through content thematic analysis.

Findings and conclusion

Ten themes emerged from data gathered namely learners' understanding of feedback; feedback occurrence; means for feedback provision; learners' perception of impact of feedback on learning; learners' interest in feedback; learners' response to feedback; feedback content; positive and negative feedback; lack of standards for feedback provision as well as timing of feedback provision. Generally, learners expressed dissatisfaction regarding the feedback citing that it lacks necessary scaffolds to help them to improve their performance. Besides, learners' shared experiences demonstrated that feedback provision process does not conform to guidelines from literature. However, learners' responses supported the opportunity of introducing self-regulation feedback model in future.

Inleiding en agtergrond

Terugvoer vorm 'n integrale deel van kliniese onderrig en dit dien as 'n platform om leerders se foute te identifiseer en reg te stel ten einde hul toekomstige prestasie te verbeter. Sonder terugvoer sal die leerder nie bewus wees van die foute nie, en kan foute dus in die toekoms herhaal word.

Oor die afgelope vier jaar is 'n toename in die inskrywingsgetalle by die verpleegskool waargeneem. Dit het 'n wanbalans teweeggebring wat die getalle van leerders en verpleegsters aanbetref, en het gelei tot 'n toename in die werkslading van verpleegsters wat hul tyd moet verdeel tussen 'n onderrig rol en pasiëntesorg. Hierdie omstandighede het daartoe gely dat die kwaliteit en toereikendheid van die terugvoer wat leerders ontvang gedurende hul studies, bevraagteken word.

Doel van die studie

Die doel van hierdie studie was om leerders se ervaring van terugvoer tydens die kliniese praktyk te ondersoek.

Metodes

'n Kwalitatiewe, ondersoekende en beskrywende model is gebruik om die leerders se begrip van die konsep van terugvoertydens die kliniese praktykte beskryf.

'n Doelgerigte steekproeftegniek is gebruik om 28 leerders te kies wat deelgeneem het aan fokusgroep besprekings. 'n Semi-gestruktureerde onderhoudskedule is gebruik om rigting en leiding aan die fokusgroep besprekings te gee. Data wat ingewin is, is deur middel van inhoud tematiese analise ontleed.

Bevindings en gevolgtrekking

Uit die analise het tien temas navore gekom, naamlik: leerders se begrip van terugvoer, wyse van terugvoer gee, terugvoer gebeur, leerders se persepsie van die impak van terugvoer; leerders se belangstelling in terugvoer; leerders se reaksie op terugvoer; die inhoud van terugvoer; positiewe en negatiewe terugvoer; die gebrek aan standarde en tydsberekening ten opsigte van terugvoer. Leerders het hul ontevredenheid uitgespreek met terugvoer, en genoem dat dit nie die nodige ondersteuningsraamwerk bied om hulle in staat te stel om hul prestasie te verbeter nie. Hulle het egter die idee om 'n self-regulerende terugvoermodel in die toekoms te gebruik, ondersteun.

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Chapter 1

INTRODUCTION AND BACKGROUND

1.1 Introduction

Feedback provision is not a new concept but has been widely accepted as an integral part of teaching and learning programmes (Hattie & Timperley, 2007; Quinton & Smallbone, 2010; Ramani & Krackov, 2012; ScharTEL, 2012; Sutton, 2012). For decades, feedback has been integrated as an essential element of theories of learning and instruction (Mory, 2004) and it is viewed as a fundamental component of teaching and learning programmes (Quinton & Smallbone, 2010; ScharTEL, 2012; Sutton, 2012) as well as an important element of instructional design of any curriculum (Kern, Thomas, Howard & Bass, 1998).

Several studies were conducted and published on feedback as an element of teaching and learning. These studies explored various feedback topics namely the meaning of feedback, importance of feedback, types of feedback, effects of feedback on learning, feedback strategies as well as feedback models. Existing literature has defined feedback as information describing student performance in a given activity intended to support learning as well as guiding future performance of the same or related activity (Ende, 2007; Askew & Lodge, 2000). Hattie and Timperley (2007) further conceptualized that feedback can be provided by the teacher, peer or book.

Various effects may arise in learners as a result of feedback they received during learning. These effects could either be *desired* if feedback is provided appropriately or a *consequence* of ineffective teacher feedback provision skills (Hattie & Timperley, 2007). Desired effects include creation of a platform that raises learner's awareness about their performance whilst directing their future actions (Ramani & Krackov, 2012) and reducing the gap between current and desired learners' behaviour (Hattie & Timperley, 2007; Juwah, Macfarlane-Dick, Matthew, Nicol, Ross & Smith, 2004). Therefore in such cases feedback is believed to act as a medium for learning as well as a bridge to ensure the conversion of today's mistakes into success in future (Quinton & Smallbone, 2010).

Moreover, the view of feedback as a "consequence" of performance also implies that every performance by the learner should lead to provision of feedback by the teacher focusing on aspects of that particular performance. Therefore, whether the performance was good or bad, feedback ought to be provided to improve learner's performance. Without adequate feedback, good performance is not reinforced and learners' mistakes may go uncorrected with chances of them

being repeated at the expense of patients (Bienstock, Katz, Cox, Hueppchen, Erickson & Puscheck, 2007; Cantillon & Sargeant, 2008).

Irrespective of the plethora of literature on feedback there is also arguably an equal amount of literature that point to the failure of feedback in reaching its major goal of improving learners' performance (Carless, Salter, Yang & Lam, 2010; Molloy & Boud, 2013: 414). Furthermore, earlier work on feedback has largely been focusing on techniques and guidelines of effective feedback provision (Corbett & Anderson, 2001; Kluger & DeNisi, 1996; Nicol & Macfarlane-Dick, 2006; Shute, 2007). However, recent studies have illuminated aspects such as the role of self-generated feedback as well as the influence of students' belief systems on learning (Butler & Winne, 1995; Molloy & Boud, 2013) which are equally important components that promote learners' task engagement and success. Molloy and Boud (2013: 414), further suggested a new feedback strategy to promote 'a constructivist approach to feedback rather than a didactic provision of performance information'. This approach is an upgrade of earlier work on self-regulated learning by Butler and Winne (1995) and is viewed as a solution to the longstanding feedback theory-practice disjunction (Carless *et al*, 2010). Therefore, this alternative constructivist framework which seek to deviate from the 'behaviourist feedback ritual' (Molloy & Boud, 2013: 414; was developed to incorporate both external and internal feedback that self-regulate learning (Butler & Winne, 1995; Hattie & Timperley, 2007; Molloy & Boud, 2013; Mory, 2004)).

Paray school of nursing is not an exception regarding variation of feedback provision among its learners. Informal reports have cited feedback as a challenge to both clinical teachers and students during clinical practice. This has led to investigator of this study to explore feedback practices at this nursing school with the perception of developing a new framework that advocates a paradigm shift where learners and teachers are expected to view feedback as "a system of learning, rather than a prescription for change or discreet episodes of teachers 'telling' learners about their performance" Molloy & Boud, 2013: 415. The study therefore focuses on exploration of how and when feedback currently takes place during clinical learning as well as to identify the enablers and barriers to learning in the current feedback practices during clinical learning.

The next section describes the background of the school of nursing where the study was conducted as well as the assumed problem regarding feedback provision at the school. Then the investigator will explain the research question and aims before concluding with a brief description of methods used to answer the research question. An account of literature regarding feedback will be presented in chapter two to gain insight on what is known about the concept and how it is applied in nursing education. In chapter three, the investigator will outline research methods and designs that were

utilised to answer the research questions. In addition the description will also include the strategies that the investigator used to ensure that the methods selected were applied in a way that ensure scientific rigor in the research process. Strategies that were applied to conform to ethical requirements will also be explained in the later part of this chapter. Finally, study findings, their relation with literature as well as recommendations will be discussed in chapters four and five.

1.2 Background

Paray School of Nursing was established in 1977 and up until 2009 the school has been offering only one pre-registration programme. Over the last five years, however, the school witnessed phenomenal growth evidenced by additional programmes, increased learner enrolments, introduction of simulation teaching plus assessment strategies and curricular reviews. All of these are results of the changes in the country's nurse education system and national training policy (Government of Lesotho Health Strategic Plan, 2011).

Currently, the school offers three nursing programmes, of which two are pre-registration programmes and one is a post-registration programme. The school has a total of around 200 students, an academic staff of eight nurse educators and two clinical instructors. Four of these nurse educators and one instructor are responsible for facilitating learning in the diploma in nursing programme while the rest are facilitating learning in other two programmes. The increase in learner enrolments changed the clinical teacher-student ratio significantly, so that it is now 1:45, compared to the national set standard of 1:10 (Lesotho Nursing Council, 2009) and as cited by Lwatula (2014). This ratio is anticipated to worsen considering that learner's enrolments' will likely increase due to health workforce training trends stipulated in the Government of Lesotho Health Strategic Plan of 2011.

One important goal of teaching a nursing programme is for learners to attain competence in clinical skills. When facilitating the learning of nursing skills for competence attainment the behaviourists approach (Torre, Delay, Sebastian & Elnicki, 2006) is often utilised. The process often start with learners observing a demonstration performed by a teacher; followed by the performance of the learner under direct observation from the teacher with scoring rubric before finally ending the cycle with feedback. It is expected that the feedback provided following observation of learner's performance will improve learner's future performance and ultimately his/her competence.

Before 2012, the nursing school relied heavily on hospital-based clinical practice for student nurses skills training. Learning was characterised by four weeks of lectures followed by the same number

of weeks of clinical practice at the local hospital. Professional nurses working in clinical area with the help of a clinical instructor from the nursing school, were expected to assist learners with the learning of the required skills.

However, the revision of the curriculum has brought about a fresh approach to clinical teaching, characterised by simulation-based learning as a complementary method to facilitate learner acquisition of essential clinical knowledge, skills and attitudes. Currently each semester is divided into blocks of classroom learning, a week of simulation and one month of hospital-based clinical practice. Procedural skills practice using low and medium fidelity simulators, role play, and demonstration of skills makes the bulk of activities students are involved in during their learning in skills laboratory. After skills laboratory practice, learners are allowed opportunities to practice the skills on actual patients in the hospital environment. Learners from different levels alternate between classroom learning and clinical practice. For example, when first year learners are in clinical practice, it is either third or second year learners that will be scheduled for simulation practice during that time. It is expected that the same instructor in the programme will facilitate learning both in the skills laboratory and the clinical area.

When carrying out of clinical tasks allocated as part of their learning, learners are expected to receive feedback on their learning progress. Such feedback is usually both verbal and written. Besides learners enrolled in the diploma in nursing are expected to receive end of clinical rotation feedback in a written format. These feedback forms are completed by the unit nurse manager who grades each learner regarding their level of engagement and professional conduct with staff, patients as well as other professionals. Most of the attributes graded in the form are 'soft skills' such as professionalism, work output, attitudes as well as general appearance. See the sample of the form attached in Annexure D.

Due to increased learner enrolments the amount of clinical teaching sites was increased from two in 2009 to twelve in 2014. Therefore, the workload of the instructor increased significantly since he/she now needed to travel to more clinical teaching sites in addition to the duties of monitoring activities in the skills laboratory. Occasionally one nurse educator is allocated to help in facilitating learning in the local hospital at a given time although his/her presence is increasingly becoming insignificant considering that more workload is apparent in both classroom and clinical area due to increasing enrolments in the programme.

The increase in learners enrolments have also led to increased average number of learners placed in the clinical area in each of the month, witnessed from a change from thirty in 2012 to sixty in 2014. The increase in number of learners' allocated was neither matched by the corresponding

increase in clinical nursing staff nor clinical teachers from the school of nursing. The hospital units being used for the clinical placements are currently operating with an average of two registered nurses per shift yet these nurses are expected to offer treatments to patients as well as providing guidance to the learners during their practice. While learner practice should be carefully observed by the nurses to enable provision of learners' with effective feedback, it seems hardly possible to do so. This cast a doubt on the quality of feedback learners get during clinical practice of procedures taught in each level, hence the decision by the researcher to formally explore the perceptions of learners enrolled in diploma in nursing regarding the feedback they receive during their clinical practice.

1.3 Conceptual and operational definition of terms

This section provides a description of key concepts that will be used in this study. These concepts may be described fully in literature review section.

Feedback forms:

These are forms completed by the nursing sister in charge of learner to describe the learner's overall performance during clinical placement. The form is used to formatively assess learners' soft skills as well as to offer feedback regarding performance of these. See annexure D.

Clinical learning:

In this context clinical learning will be described as an apprenticeship incorporating acquisition of knowledge, language, nursing skills and problem solving strategies in a hospital environment (Maginnies & Croxon, 2007).

Clinical practice:

It is learning by doing in the clinical settings that enable learners to acquire knowledge, skills, and values essential to professional practice and become socialised into the nursing profession (Mabuda, Potgieter & Ulberties, 2006).

Clinical setting:

This refers to hospital or clinic area approved by the school of nursing to place learners for clinical practice.

Clinical skills:

This term is used to describe nursing procedures learned and practiced in clinical settings.

Clinical teacher:

The concept of clinical teacher will be used in this study to refer to a nurse educator, clinical nurse or clinical instructor who guides and supervise learners during practice in clinical settings.

Clinical teaching:

Involves teachings that focus on and directly involves the patient and their problems within authentic contexts (Spencer, 2003)

Self-regulation:

Refers to the degree to which learners can regulate aspects of their thinking, motivation and behaviour during learning (Pintrich & Zusho, 2002).

Self-regulated learning:

Self-regulated learning is a deliberate, judgmental, adaptive process that involves the learner setting goals for upgrading knowledge; designing strategies that achieve the goal, monitoring and evaluating the accumulating effects of their engagement with the task.

1.4 Problem statement

There are several observations made by investigator that question the adequacy and quality of feedback provided to learners during clinical learning in hospitals. Firstly, feedback on clinical practice at the school is not structured, with no guidelines stipulating when and how it should be done. Secondly, the institution has witnessed an imbalance between learners and clinical nursing staff enrolments during the past five years. This severe understaffing observed in most clinical areas have increased the burden to clinical nurses who have to balance between clinical teaching and patient care. Learners' enrolments may have further increased nurses work load. This assumption is supported by recent increased number of learners allocated to each nursing unit to ten compared to previous allocations of five. The resulting work load has caused detrimental effects on the learning process, with learners reporting instances where they do not receive feedback on a clinical procedure or the mentor takes several days to offer leaving one to wonder, what value would such feedback provide?

Besides, the usually relied help from clinical teachers is not forthcoming as the latter are also facing the most daunting task of supervising close to seventy learners placed at various clinical areas around the country. Therefore, most of the learners will not be reached for formative assessments and formative feedback by clinical teachers, leaving the burden of clinical teaching to already few clinical nurses. As a result, more clinical assignments (case studies) have been given by the clinical teachers and clinical nursing staff to the learners in order to cover content and work with no or little evidence of feedback provision.

At the same time where feedback is given, clinical teachers and nurses often complain that learners tend to concentrate on why they received low marks rather than focusing on how they can improve their performance in future encounters. This finding demonstrates differing perceptions and interpretations of the value of feedback between educators and learners. Therefore, giving feedback to learners seems to be an erratic and time constrained process with some learners informally complaining of inconsistent feedback provision by the various clinical teachers and nurses.

The investigator has also observed several errors made by learners during summative examinations which could have been corrected during practice in previous patient encounters. Therefore, the researcher seeks to explore further in a formal manner feedback provision during clinical learning of diploma in nursing learners to better understand the quality, barriers and enablers of feedback that prevent or promote learners' performance and skill development.

1.5 Research question

The researcher seeks to explore further in a formal manner feedback practices experienced by learners studying diploma in nursing programme during their clinical learning to better understand the feedback processes at the school of nursing. So the question the study seeks to answer was: *What are the experiences of learners regarding the quantity and quality of feedback they receive during clinical learning?*

1.6 Aim of the study

The aim of this study was to explore learners' experiences of feedback they received during clinical practice. The results better the understanding of the learners' experiences of such feedback and were used to reach to suggestions to guide the formulations of feedback guidelines for the programme.

To achieve this aim the following objectives were set for this study:

1. Understand how and when feedback currently takes place during clinical learning.
2. To identify the enablers and barriers to learning in the current feedback practices during clinical learning.
3. To determine the learners' perceived impact of feedback practices they are experiencing during clinical learning.

1.7 Research methodology

The research methodology that was utilised to answer the research question in this study was qualitative.

1.7.1 Research design

The study utilised a qualitative explorative descriptive design. According to Taylor & Medina (2012), qualitative explorative descriptive design is used to describe an understanding of the concept from the perspective of subjects affected by the situation.

1.7.2 Study population

The study population comprised of 120 learners who are registered for a three-year Diploma in nursing programme.

1.7.3 Sampling methods

Non-probability purposive sampling method was utilised to select learners who participated in this study. Purposive sampling technique was chosen to ensure diversity of focus groups as well as ensuring that the selected participants would generate useful data (Patton and Cochran, 2002).

1.7.4 Sample size and nature

Sample size was determined on the basis of data saturation and a total of twenty eight participants participated in the study. The researcher purposively selected learners to ensure that the sample

was consisted of both male and female learners of different age groups and each focus group was comprised of learners from same class (See Chapter 3 for detailed explanations of sampling used in study).

1.7.5 Inclusion criteria

Diploma in nursing learners who met the inclusion criteria and who were willing to participate in focus group discussions to reflect on their perceptions of the clinical practice related feedback were invited to participate in the study. All learners' who were registered and studying in diploma in nursing programme at the time of data collection were eligible to participate in the study. Moreover, the investigators included learners who had completed at least six months of clinical practice since such participants were more likely to share their rich feedback experiences that could generate useful data.

1.7.6 Data collection

Data was gathered using four focus group discussions which were conducted by the principle investigator. Each focus group was made of a sample of learners from one class to enhance the group homogeneity which was believed to be an added advantage for familiarity between learners that comes from shared background or experiences. This enhances the facilitation of open communication and exchange of ideas among participants (Stalmeijer, Mcnaughton & Mook, 2014). Data was collected using a semi-structured interview schedule as a guide for focus group discussions (See Annexure A). The development of the prompts of these interview guides was informed by the literature. A voice recorder was used to capture information during focus group discussions.

1.7.7 Data analysis

After collecting data, the principle investigator listened to the tape and transcribed the content of the tape. The transcribed verbatim data was then analysed to identify emerging themes and gathering examples of transcriptions supporting those themes from the text. Furthermore, data analysis was done using an iterative approach which is a process where data collection and analysis occurs together (Boet, Sharma, Goldman & Reeves, 2012).

1.8 Ethical considerations

It is worth mentioning that there were no any predictable risks that this study imparted on participants. To ensure that this research study observes ethical requirements the investigators had

to obtain written approval from Health Research Ethics committee at Stellenbosch University (Ethics reference number S15/06/132), National Health Research Ethics Committee (NH-REC) of Lesotho (Ethics reference number ID73-2015), educational institution and the participants (See Annexures E and F).

Furthermore, selected students were asked to give a written consent to participate in the study (Annexure C). The participants also received explanation in clear and understandable language of the purpose of the study, the intended use of the data to be gathered and emphasis that they will be participating upon voluntary basis. (See Chapter 3 for detailed explanations of ethical consideration.

1.9 Data management

To ensure security and confidentiality, audio recorded data and transcriptions were restricted to be accessed by only the principal investigator and supervisors. This was achieved by locking up completed written transcriptions, consent forms data in a wooden cabinet while electronic files containing research raw or analysed data were protected in a password protected computer. Anonymity of participants was ensured during data collection, transcription and analysis through identification of details such as names. When found these were removed during transcriptions and replaced with pseudonyms. The researcher maintained confidentiality of data/records by separating data of transcriptions from identifiable records such as consent form.

1.10 Significance of research study

The results from this study might illustrate the importance of reappraisal of the strategies of feedback to put into consideration contextual factors and learners' perspectives affecting the process. Furthermore, information gathered here is intended to add to the body of knowledge of feedback and expand the existing theories and paradigms to include the modern factors that may be found to be critical in feedback provision. This study's findings will also act as a critical step to redirect focus basing on learners recommendations enabling better understanding of preferred ways of conducting feedback process in a time or resource constrained setting. The results of the study might assist in designing Paray school of nursing multidimensional view of feedback that would guarantee situational and individual characteristics of the instructional context; characteristics of the learner as well as nature and quality of a feedback message to inform more effective and modern ways of giving feedback to learners at the school.

1.11 Summary

In this chapter the investigator introduced the concept of feedback in clinical teaching. The investigator also highlighted the background situation where feedback practices prevail. Several challenges associated with clinical feedback provision were described in relation to their occurrences. These provisional findings made the investigator to conclude that the institution maybe experiencing feedback theory-practice disjunction leading to the investigator formally question the experiences of learners regarding the quantity and quality of feedback they receive during their clinical learning.

Chapter 2

LITERATURE REVIEW

2.1 Introduction

This chapter investigates the conceptualisation of what feedback is in the context of teaching and learning of nursing skills. The purpose of this literature review is to gain insight on what is known regarding the concept of feedback and its application in medical education. A focus on the most common literature on feedback techniques, models and theories will be done placing particular emphasis on how this literature influences learning of skills in clinical settings. The writer will describe the model of self-regulation learning with the aim of adapting its principles of feedback internalisation to guide this study. Finally, the investigator will also examine literature on known barriers and enablers of feedback provision in clinical teaching.

2.2 Meaning of feedback

Existing literature interprets feedback differently depending on the context the word is applied to. According to Mosby medical dictionary (2009), feedback is defined as a return of some of the output of a system as input so as to exert some control in the process. This definition is similar to the technology-based feedback perception which view feedback as 'the information or message presented to the learner after any input with the purpose of shaping the perceptions of the learner (Sales, 1993).

From an educational perspective, feedback can be described as any communication written or verbal given to inform a learner on the accuracy of a response and is usually given after performance to a test (Cohen, 1985; Sales, 1993). However, recent education literature defines feedback as information describing learner performance in a given activity intended to support learning in both formal and informal situations as well as guiding future performance of the same or related activity (Ende 2007; Askew & Lodge, 2000). All these definitions recognise the importance of observation of learner's performance by the teacher, as the latter use such observation to base feedback on, with the intention of moulding the future performance of that particular learner. Hence, this definition supports idea by Hattie & Timperley (2007) of perceiving feedback as a 'consequence' of performance.

Feedback meanings described in the previous passages are similar in emphasising that feedback occurs as a result of the teacher's observation of learners' performance. In addition all these

explanations recognise that feedback aims at improving performance as attested by Quinton and Smallbone in 2010. In this study, feedback will be viewed as information describing learner's performance including successful and failed actions to allow them to adjust and direct their efforts to match the challenges they are facing (Bandura, 1991; Watling, 2014). This definition relates better to clinical teaching thus making it more suitable for use in the context of this research study.

2.3 Feedback in light of learning theories

Designing curriculum and facilitating learning is achieved through the use of one or a combination of features of learning theories. Utilisation of learning theories in planning and implementing teaching is not a new concept as it became more prominent during the early part of the 20th century (Taylor & Hamdy, 2013). However, regardless of the type of learning theory being utilised in any programme feedback remains an essential element of facilitating learning (Hattie & Timperley, 2007; Mory, 2004; Schartel, 2012; Thurlings, Vermeulen, Bastiaens & Stijnen, 2013). Moreover, feedback processes in any learning programme is expected to follow the principles of the specific learning theory underpinning teaching and learning practices of that particular programme (Thurlings *et al*, 2013). In this section the writer will give a brief overview of the approaches of feedback provision in the three learning theories common in nursing education namely behaviourism, cognitivism and constructivism.

Various feedback models and theories have been proposed in a bid to achieve the intention feedback is aimed at. Although literature had for long been describing feedback from the traditional behaviourist views, more recent studies have called for a paradigm shift with more focus at the learner's involvement in feedback process (Butler & Winne, 1995; Hattie & Timperley, 2007; Molloy & Boud, 2013; Nicol & Macfarlane-Dick, 2006; Schartel, 2012). This evolutionary change of focus is said to be mainly resulting from persistence evidence of incongruence between the 'idealized' and 'actual' feedback practices in higher education context (Carless *et al*, 2010; Molloy & Boud, 2013). Secondly, the change by educational institutions to realign curricula from traditional learning theories to constructivism could also be regarded as a catalyst that speeded this change in feedback perception (Mory, 2004).

A paradigm shift regarding facilitating learning in higher education has been considered as one of the reason for a change in feedback perception (Molloy & Boud, 2013). Educationists' conceptualisation of learning has moved from the 'teacher centred approach', a situation described by Barr & Tagg (1995) as the transmission of information from the teacher to the learner, with the teacher occupying the position of the expert. Behaviourism and cognitivism learning theories are

more aligned to a teacher centred approach of teaching and learning (Nicol & MacFarlane-Dick, 2006).

2.3.1 Behaviourism learning theory

Behaviourism learning theory focuses on visible behaviour of learners, which can be manipulated by means of stimuli to elicit response which is either praised if it is similar to expected standards or punished if it is contrary to expected behaviour (Skinner, 1968). In this perspective the teacher observes students behaviour and compares it with set standards. Feedback would then serve to correct the gap between the teacher's expectation of appropriate behaviour and that demonstrated by the learner, with the teacher suggesting ways to improve in the future.

2.3.2 Cognitivism learning theory

However, cognitivists place their focus on human information processing (Shuell, 1986). The theory supports teaching-learning activities that are designed by the teachers to guide students through the curriculum as learners are expected to learn relationships between objects. Assessments will aim to measure the extent to which the learner is from the goal as stated in the curriculum. Similar to behaviourism, feedback provided in cognitivism approaches is aimed at correcting the learners' thinking to match it with external proven reality, not about the learners' experience of learning the concepts (Mory, 2004).

It follows that behaviourism and cognitivism learning theories feedback is characterised by didactic provision of information from the teacher to learner. During provision of such feedback the teacher assumes the position of an 'expert' while the learners are dependent and passive recipient of information. The expert is the person who teaches a student and is believed to own knowledge in such circumstances prevalent in teacher centred instruction. Therefore, the learner's internal feedback processes are not fully utilised by behaviourism and cognitivism learning theories, thus promoting the learner's to rely more on external feedback from the 'expert'.

2.3.3 Constructivism learning theory

In contrast, under the new concept of 'learner centred approach', learning is conceptualised as a process whereby students actively construct their own knowledge and skills (Barr & Tagg, 1995). Principles of constructivism learning theory are in coherence with learner centred approach. When utilising constructivism learning theory, learners interact with subject content, environment, transforming and deliberating to construct a meaningful experience (Jonassen, 1991, Nicol &

MacFarlane-Dick, 2006). Constructivists support learners in building their own reality or knowledge basing on their prior experiences (Wilson, 2011).

With regard to feedback, constructivism proposes the application of a self-regulated model (Hattie & Timperley, 2007; Molloy & Boud, 2013; Mory, 2004) to promote learners engagement with the task. This conceptual model encourages learners and teachers to view feedback as a system of learning where feedback process is viewed as a platform that provide intellectual tools for learner to build own knowledge (Molloy & Boud, 2013). Feedback in this constructivist view also serve as an aid to help the learner construct his or her internal knowledge reality and promote the culture of self-evaluation and self-regulation within the learner (Molloy & Boud, 2013).

In summary, when facilitating learning utilising behaviourism approach, feedback provided with the focus on explanation of how far the learner stand from the external reality stipulated in the curriculum, with no emphasis on the learner's internal reflection. On the other hand cognitivism acknowledges the importance of internal feedback as a way of explaining the degree of engagement of a learner with external feedback. Constructivist feedback process considers that feedback would be effective if it is provided in a dialogic manner (Yang & Carless, 2013). Such feedback also aims at promoting the teacher coaching the learner (Thurlings et al, 2013), offering constructive feedback messages whilst promoting the learner's internal feedback mechanisms, a critical step to direct their self-regulation and self-assessment strategies (Molloy & Boud, 2013, Nicol & MacFarlane-Dick, 2006).

2.4 Feedback in Nursing Education

Nursing as a health professions discipline involves teaching and learning activities of its related knowledge and skills. In nursing education, acquisition of relevant discipline knowledge is mainly achieved through classroom activities whereas skills practice is done in skills centres which are usually situated in teaching institutions. In addition, skills competence is also modelled through placement of learners in real, authentic settings like hospitals or clinics. When facilitating the learning of such nursing skills the behaviourist approach (Torre *et al*, 2006) is often utilised. The process begin with learners observing a demonstration performed by a teacher; followed by the performance of the student under direct observation from the teacher before finally ending the cycle with feedback. It is expected that this feedback is provided on the basis of comparing the learner's performance against the standard to improve learner's future performance and ultimately his/her competence (Molloy & Boud, 2013; Sadler, 1989).

2.5 Purpose of feedback

Various purposes of feedback were cited in literature. Generally feedback aim to reinforce what was done well and correct behaviours that need improvement for future performance (Cantillon & Sargeant, 2008). Feedback can either be designed for the purpose of improving the individual learner or the institution's teaching and learning programme. From the learner's perspective feedback is designed with the purposes of:

1. Improving the learner's motivation and self-esteem (Juwah *et al*, 2004; Mory, 2004; Nicol & Macfarlane-Dick, 2006; Rider & Keefer, 2006; Branch & Paranjape, 2002)
2. Facilitating the development of self-assessment (reflection) in learning (Juwah *et al*, 2004; Taylor & Hamdy, 2013).
3. Raising learners' awareness about their performance whilst directing their future actions (Krackov, 2011; Ramani & Krackov, 2012).

In a slightly different perspective feedback is said to have two main purposes on the learner. Black and Wiliam (1998) argued that these two main functions of feedback to the learner are *directive* and *facilitative*. When feedback is given for directive purposes, the teacher reveals to the learner the error he/she made during the task. However, when given for facilitative purposes, feedback should include comments and suggestions (elaborations) to help guide learners in their own revision, conceptualization and practice (Shute 2007). Conversely, there are also other situations where feedback is given with the focus of supporting the teaching and learning process as well as the learner. The investigator will not describe them in detail since this study focus on learners experience on feedback. This study will therefore seek to explore the learners' perspectives regarding the purpose of feedback they receive in clinical practice in light of the information from literature as was described in this passage.

2.6 Feedback and scaffolding

Facilitative feedback should be mixed with ingredients of principles of scaffolding if it is to achieve its purpose of directing the learner towards the goal of learning. Scaffolding is a temporary support tailored to learner needs and aimed at transfer of the responsibility from teacher to learner (Van de Pol, Volman, Oort & Beishuzien, 2013). Scaffolding in feedback may include examples, cues, hints, partial solutions, as well as direct instruction or coaching during performance of a clinical procedure (Hartman, 2002). Shute (2007), however cautioned teachers to ensure they remove the scaffolds as

soon as they ascertain the learner has developed his/her cognitive or procedural footing so as to promote learner self-belief and confidence.

2.7 Feedback models

Different models for giving feedback were developed in several texts to meet demands by academics and learners. The models also seek to address persistent difference in feedback interpretation and practice among teachers and learners (Scott, 2014; Mckinley, Williams & Stephenson, 2010). The 'feedback sandwich' technique (Cantillon & Sargeant, 2008), emphasises that the teachers should begin feedback provision by identifying positive aspect of performance and offer positive feedback. This should be followed by focusing on correcting problematic behaviours or errors (corrective feedback), before ending with a summary of positive comments (Cantillon & Sargeant, 2008; Beinstock *et al*, 2013).

Closely related to the sandwich technique are the Pendleton's rules (Chowdhury & Kalu, 2004). Pendleton's rules have been central to teaching of feedback techniques in education. The rules believe that a feedback session should begin with both the learner and the teacher focusing on positive outcomes of the learning experience before moving on what needs to be improved. The dialogue will be wrapped as the two (teacher and learner) focus on suggestions to enhance improvement in future (Mckinley *et al*, 2010; Schartel, 2012). While the two approaches emphasise the importance of error flagging and learner's involvement, Peddleton's rules would be more useful in clinical teaching as it incorporates the concept of learner self-assessment. This study will seek to explore learners' views regarding the approaches applied by teachers during clinical feedback provision process.

2.7.1 Models of self-regulated learning

The models described in previous section focus mainly on feedback from the traditionalist view, where emphasis is mainly put on sending of the feedback messages from teacher to learner instead of also focusing on how learners will use such feedback to improve their performance. Butler and Winne (1995), argued that feedback should not described merely in terms of information it contains. Rather it should be viewed as an inherent catalyst that support self-regulated learning activities. Learning in these models is viewed as degree of learners' engagement with tasks, generation of internal feedback and readjustment of learning strategies to reach desired outcomes.

A self-regulation model designed by Nicol & Macfarlane-Dick in 2006 describes learning as a process that begins with the learner defining and understanding the goals of learning. Such goals are derived from the standards, criteria and curriculum outcomes. In that context, Nicol and Macfarlane-Dick, (2006) perceived feedback as information describing the learner's performance and progress towards reaching the defined goals. Learners will generate internal feedback as they self-evaluate their actions and progress towards the learning goal. Similarly, learners use external feedback to self-regulate their actions and strategies to reach the set goal. Therefore, feedback is a multifaceted concept where the specificity of the learning goals, strategies to achieve such goals and the extent of the self-regulatory mechanisms to utilise both internal and external feedback messages will be paramount.

Similar to the self-regulation model developed by Nicol & Macfarlane-Dick (2006), is a feedback model proposed by Hattie and Timperley in 2007. The model described that feedback seek to answer three questions namely (1) Where am I going? (2) How am I going? And (3) Where to next? By answering the three questions the learner will be able to identify and close the discrepancy between the current and desirable performances.

In addition the model by Hattie and Timperley (2007) promotes learner's internal feedback responses as well as self-regulation, self-evaluation processes. When the learner asks 'where am I going?' he/she seek to understand the goals of the learning experience. The second question on 'how the learner is going?' is a description of the learner's performance in relation to the internal or external goals set by the teacher's or learner's internal feedback mechanisms. Finally, the model proposes that there should be the third question mostly referred to as the 'feed forward' process (Hattie & Timperley, 2007; Molloy & Boud, 2013). This question seek to explore the learner's plans for further engagement with task.

Another model termed a self-regulated learning feedback model was proposed by Butler and Winne in 1995. This model was supported by several recent feedback studies (Molloy & Boud, 2013; Mory, 2004; Nicol & Macfarlane-Dick (2006). These studies have embraced the concept of promotion of learners' self-regulation as well as placement of the learner as the central element of feedback process. Self-regulated feedback model also acknowledges that the learner actively engage with various information regarding the task to generate feedback about the degree of achievement of learning goals. In cases where this internally generated feedback reveals a gap between desired and current outcome the learner revisit and readjust the goals and learning strategies in order to improve performance. In addition, the model recognises the important role of the teacher, who in

this case is expected to provide external feedback that either to confirm or correct the learner's notions. Other features that this conceptual model seeks to distil include the internal capacities of the learner; the impact of motivation on learning; the learner's role in self-assessment and self-efficacy (Butler & Winne, 1995; Molloy & Boud, 2013).

In summary, the recent feedback models described in earlier passages seek to achieve one main goal of helping in the development of a dialogue between the learner and the teacher whilst building on the learners' own self-assessment.

2.8 Conceptual framework

In this study the investigator utilised the model of feedback adapted from the feedback models that were developed by Butler and Winne in 1995 as well as Hattie and Timperly in 2007 (Fig 1). The major concepts presented in the model are input, standards, performance, external feedback, internal feedback as well as self-evaluation. In this section the writer will describe these concepts, relating them to this conceptual model and how they were used in literature.

The conceptual model adapted for this study view feedback as a process that occur in a system of learning. The input in the system is in the form of a task assignment; explanation of standards and checklists to guide learning. Upon receiving the input the learner institute internal feedback processes where he/she set internal goals and expectations in relation to the task assigned. Feedback therefore begins the moment the learner engages with the requirements of the task as he/she set his own goals according to his/her interpretation. After completion of setting learning goals, the learner will devise strategies to follow in achieving such goals.

The next phase includes the learner's performance of the allocated task. Task performance is evaluated based on the standards stipulated in the curriculum as well as the checklist rubric. To facilitate effective self-regulation, the learner should reflect on their performance as guided by the three questions suggested in a study by Hattie and Timperley in 2007. Generation of the learner's internal feedback is achieved through the comparing the deviation of the current performance produced by self-reflection and self-evaluation against the actual expected performance as stipulated in the checklists. Likewise the educator is expected to continually observe the learner engagement and base on the very same standards and checklists to provide external feedback.

In addition to internal generated feedback, the model acknowledges the role of the teacher peers or checklists to provide external feedback to confirm or correct learners' internally generated notion of

task achievement. Therefore, the model looks at learning as a 'consequence' of the internal and external feedback processes (Hattie & Timperley, 2007, Molloy & Boud, 2013). Feedback in this system of learning is believed to be collaborative, provided in an environment that cultivates the learner self-regulation mechanisms and helps learners take a lead in their own learning.

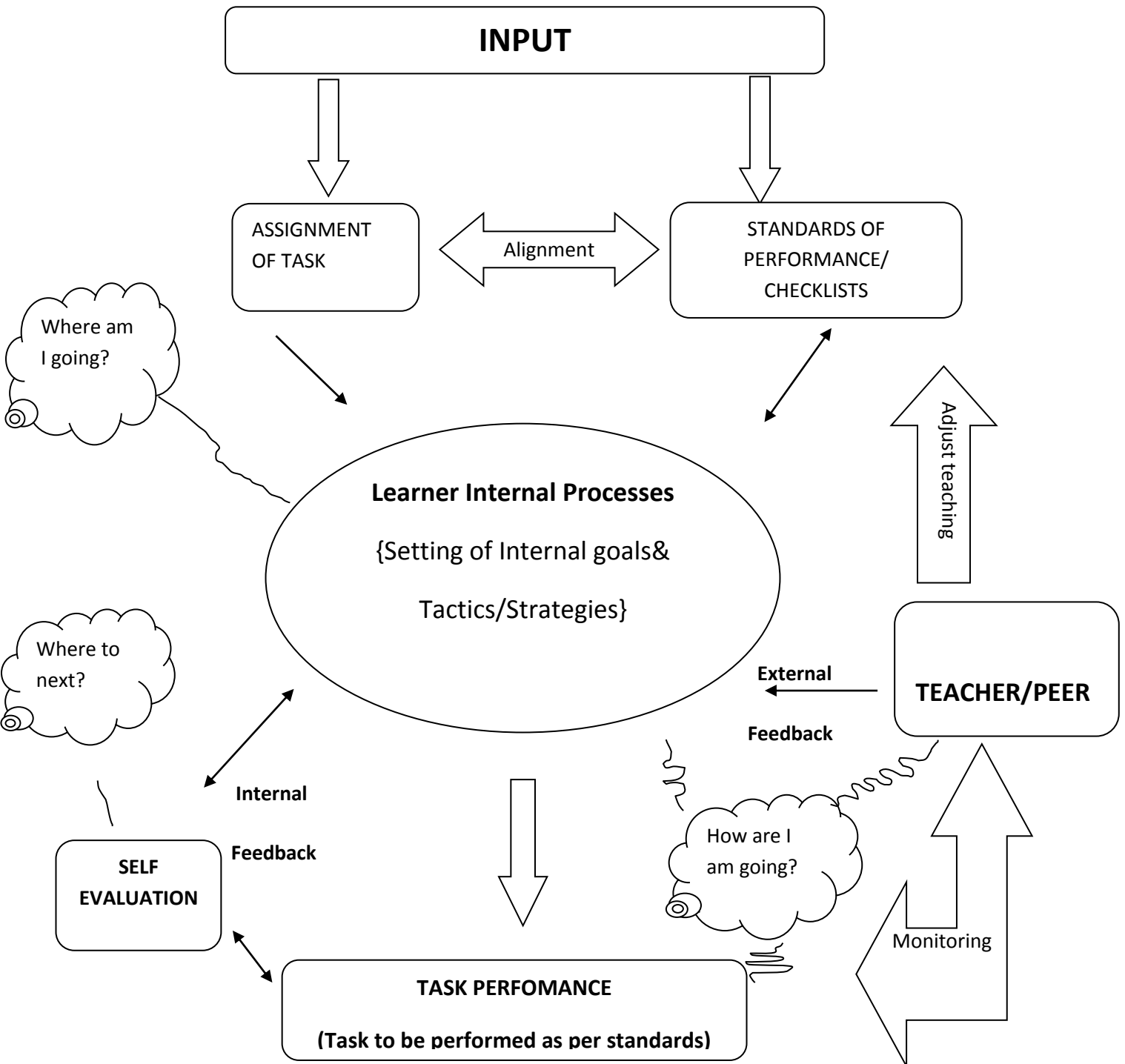


Figure 1: A model of Self-regulated Feedback (adapted from Butler & Winne, 1995 and Hattie & Timperley 2007).

2.9 Types of feedback

Feedback can be classified in different categories depending on the classification method used. Some authors have categorised feedback as formal or informal (Clynes & Raftery, 2008); formative or summative (Schwartz & White, 2000; Shute, 2007); written or verbal (Yang & Carless, 2013); internal or external feedback (Juwah *et al*, 2004); corrective or reinforcing (Clynes & Raftery, 2008); delayed or immediate feedback (Corbett & Anderson, 2001; Mory, 2004; and negative or positive feedback (Hattie & Timperley, 2007; Kluger & DeNisi, 1996). In the following subsections the writer will present an overview of these categories of feedback as they appear in literature.

2.9.1 Formal versus informal feedback

Feedback can be regarded as informal when it is given during day-to-day encounters when teachers interact with learners. It can also be regarded as formal (Clynes & Raftery, 2008) when given as part of clinical assessment or after performing an assigned nursing care duty. In this study the word 'feedback' will be used to refer to formal feedback as it is required to follow certain principles to promote learning. Formal feedback is also closely related to assessment since it is provided after the teacher observes a learner performance of a skill in an assessment. It is for this reason that some authors (Juwah *et al*, 2004; Krackov, 2011) argues that assessments generates feedback information that can be used by students to enhance learning and achievement. Since assessments are integral part of teaching and learning, therefore it follows that effective learning from assessments could only be achieved if feedback practices are systemically embedded into the taught curriculum (Harden, Sowden, & Dunn, 1984). Therefore, there is no dividing line between assessment and teaching in the area of giving feedback on learning.

Either formal or informal (Clynes & Raftery, 2008) feedback can be given in various means such as written, verbal or electronic form (Yang & Carless, 2013). Jonassen (1991) argued that recent advances in learning theory and technology have fuelled a more rapid and extensive revolution in technological based assessments and learning systems. Indeed, assessments in the new millennium are dominated by use of technology such as computers. The computer in this case is not only used to deliver information to the learner but also seen as a vehicle for delivery of an equally important component of learning in the form of feedback. Besides, the phenomenal growth of technology in higher education, the situation has also enhanced provision of technology-based feedback (Carless, 2006), probably a preferred option for millennium generation learners (Roberts, Newman & Schwartzstein, 2012). Feedback provision at Paray school of nursing mostly consists of traditional forms such as verbal, written forms and is rarely electronic based.

2.9.2 Formative versus summative feedback

Two types of feedback have been described in the literature, namely formative and summative feedback. Formative feedback is defined by literature as information communicated to the learner with the aim of modifying the learner's thinking or behaviour for the purpose of ultimately improve his/her learning (Schwartz & White, 2000; Shute, 2007). Bienstock and colleagues (2007) also suggested that formative feedback should be specific to the incident to which it is referring and should be non-judgemental. Formative feedback should also be based on learners' observable behaviour and actions (Johnson & Johnson, 1993), be multidimensional, supportive, timely, specific and credible (Juwah *et al*, 2004; Schwartz & White, 2000). Therefore, formative feedback's chief purpose is to modify a learner's thinking or behaviour for the purpose of learning. Effective formative feedback should therefore be administered at various times during the learning process such as during a learning activity or immediately following an answer (Shute, 2007).

On the other hand, Schwartz and White (2000) described summative feedback as feedback associated with high stake assessments and it is given when assessing on how well a learner achieves a result for the purpose of grading (Bienstock et al., 2013). Besides, both summative and formative feedback should always be done by comparing actual performance with some established standard of performance (Johnson & Johnson, 1993).

2.9.3 Reinforcing versus corrective feedback

Feedback is provided either to reinforce good behaviour or to correct misconceptions of knowledge or gap in performance (Ramani & Krackov, 2012). Ramani and Krackov (2012) further highlighted that in order to motivate learners and support good practices teachers ought to begin feedback process by acknowledging and reinforcing exemplary behaviour. However, reinforcing feedback has to be combined with equally important elements of constructive/corrective feedback. During constructive feedback, the teacher should focus on specific steps of a procedure/task giving reasons why the performance was incorrect whilst demonstrating the correct performance to improve the learner's future performance. Whether the feedback is corrective or reinforcing in nature, it must be pitched at a level that allows it to act as an opportunity for a learner to close the gap in the learning process between the current learning achievements and the goals set by the teacher (Juwah *et al*, 2004). Furthermore, both reinforcing and corrective feedback should be present in any feedback session conducted during practice. In this study, the investigators will explore learners' perceptions in relation to the contents of corrective and reinforcing feedback they perceive to have received during their clinical practice.

2.9.4 Immediate versus Delayed feedback

Feedback can also be categorised according to the amount of time spent from learner performance to feedback provision by the teacher. It can be delivered (or obtained) either immediately after some activity or delayed. Immediate feedback is defined as informative corrective feedback given to a learner as quickly as the situation allows learner to assimilate information (Dempsey & Wager, 1988). At the same time delayed feedback is perceived as message of corrective or reinforcing feedback given to a learner after a specified programming delay interval during instruction or testing a notion attested by Dempsey and Wager, 1988 as cited by Mory in 2004.

A study by Mathan and Koedinger (2002) concluded that ‘the effectiveness of feedback depends not only on the main effect of timing, but on the nature of the task and the capability of the learner’. Therefore, either positive or negative effects of feedback are witnessed in both immediate or delayed feedback depending on the learner ability and whether the task is of procedural or cognitive testing nature.

Several benefits are associated with immediate feedback provision in teaching and learning. Literature support use of immediate feedback to promote learning and performance on verbal, procedural, and also tasks requiring motor skills (Corbett & Anderson, 2001). Immediate feedback was shown to be more effective, particularly when learning procedural skills (Corbett & Anderson, 2001) such as those of clinical nursing practice as in this study. Immediate feedback can help to flag and fix errors on time (Shute, 2007), producing greater immediate gains and more efficient learning, (Corbett & Anderson, 2001; Mason & Bruning, 2001; Shute 2007). Other positive effects associated with immediate feedback include motivation to complete task, immediate error identification and correction (Shute 2007). Immediate feedback was therefore encouraged when learners are tackling difficulty task as it was shown to support learners with necessary scaffolds to build meaningful learning experiences (Clariana, 1999).

Evidence from literature reviewed in previous passages tends to favour provision of immediate feedback. Conversely, when examining other studies delayed feedback is also useful in promoting learning of skills. Delayed feedback has been preferred in cases where learners are learning easy task (Clariana, 1999; Shute, 2007) as well as cases where there is no danger of harming patients such as simulation (Jeffries, 2006). Likewise, Mory (2004) argued that delayed feedback could be beneficial when teaching is done utilising constructivism learning theories as it is believed to develop the learner’s problem solving skills. However, Shute (2007) argue that although immediate feedback is critical in certain aspects of skills training, delayed feedback may be equally important as it

encourage learners' engagement in active cognitive and meta-cognitive processing, promoting the learner self-efficacy as a result. Furthermore, Shute (2007) urged teachers to use delayed feedback strategies with caution since understanding of learner characteristics is vital to avoid frustration that could prevail in struggling and less motivated learners.

2.9.5 Internal versus external feedback

Juwah and colleagues (2004) argued that feedback begins immediately after assigning a task to a learner. After receiving a task, a learner develops an internal understanding resulting in him/her formulating his/her own task goals which may be different from those of the teacher. This is followed by the learner's engagement in actions to achieve the set goals. Self-monitoring and reflections by the learner on these interactions and strategies to achieve the set goals and task generates internal feedback. Depending on whether the task was achieved or not the learner's self-generated feedback information might lead to a re-interpretation of the task or to the adjustment of internal goals or of tactics and strategies (Juwah *et al*, 2004). Therefore, learners generate aspects of their own feedback to monitor performance, identify and make sense of gaps while carrying out tasks assigned to them by clinical teachers.

On the other hand learners are exposed to external feedback when teachers, peers or others comment on their progress on achievement of the set objectives of the tasks they had assigned them. This external feedback however, is not always made to concur with the student internal perception of task achievement as it may either augment or conflict with conclusions reached by the learner during internal feedback (Juwah *et al*, 2004). Such 'maladaptive responses to external feedback' were classified by Molloy and Boud (2013) to take one of the following ways; the learner can ignore the external feedback; reject the external feedback; view the feedback as not relevant and perceive that there is no link between the internal and external feedback and finally, act on the feedback in a superficial way to satisfy the teacher in contrast to make efforts to improve practice or knowledge on the basis of external feedback.

This finding supports that feedback should begin with a learner's self-generated feedback whilst encouraging a dialogue between the learner and the teacher to facilitate the learner's internalisation of external feedback, influencing the overall perception of goal progress of the learner (Bienstock *et al*, 2007; Thurlings *et al*, 2013). This study seeks to explore the learner's internal processes and perception of feedback as well as how the external feedback influences the overall perception of the quality of such to evaluate their task achievement.

2.9.6 Positive versus negative feedback

Feedback can be graded as either positive or negative depending on how it was given (Hattie & Timperley, 2007; Kluger & DeNisi, 1996). Positive feedback reinforces a certain kind of behaviour and is achieved through the use of positive language, affirmative and optimistic words of appreciation to provide information on what was well done by the learner when carrying out the task. On the contrary, negative feedback is information that explains areas that were poorly performed and need improvement. In some cases, negative language involves use of inappropriate language. Either positive or negative feedback can be regarded as constructive feedback when it seeks to redirect learners' behaviour for better performances.

Both forms equally have powerful influences on learning and achievement (Hattie & Timperley, 2007). In return, feedback can either have a positive or negative effect on the learning of students (Fishbach, Eyal & Finkelstein, 2010). Positive feedback can either motivate the learner in goal pursuit or relaxes the learner as he/she will be regarding herself to have reached the goal. On the contrary, negative feedback can demotivate the learner as he/she may feel incapable to reach the goal or it can motivate goal pursuit when it signals insufficient goal progress.

Nevertheless, some learners may be motivated by negative feedback (signals a lack of goal progress) as they seek to close the gap identified between the current state and the desired outcome (Fishbach, Eyal & Finkelstein, 2010). Negative feedback was also shown to induce strong emotional responses that may lead to the feedback being rejected especially when it is given at variance with a learner's self-assessment (Schartel, 2012).

2.10 Impact of feedback

Whether positive or negative, impact of feedback was argued by Fishbach, Eyal and Finkelstein (2010) to depend largely on the signal the feedback conveys; whether it informs individuals of their level of commitment to a goal or progress on a goal. Novices were shown to be likely to adhere to a goal after receiving positive (versus negative) feedback whereas experts are concerned with monitoring their progress toward the goal. Therefore, experts are more likely to adhere to a goal after receiving negative (versus positive) feedback (Fishbach, Eyal & Finkelstein, 2010).

According to Ramani & Krackov (2012), the effectiveness of teaching-learning strategies in promoting learning depends much on the quality of feedback learners receive. Teachers are therefore expected to meet with learners during a dialogic feedback process (Yang & Carless, 2013) a critical step to enhance learner's knowledge construction. To be effective feedback should

be timely, regular, sufficiently detailed, comprehensible, and pitched at an appropriate level (Carless, 2006; Carless 2013; Nicol, 2010)

2.11 Barriers and enablers of feedback provision and utilisation

Results from recent studies have exposed several constraints on provision of effective feedback demonstrating incongruence between the ways feedback is provided against recommended guidelines, resulting in less learner satisfaction (Molloy & Boud, 2013; Yang & Carless, 2013). These barriers include inadequate resources allocation, institutional policies, ineffective discipline cultures and organisational practices (Hounsell, McCune & Litjens, 2008; Nicol, 2010; Yang & Carless, 2013). Moreover, the feedback process demands a great deal of time and ability (Yang & Carless 2013) as the teacher need to carefully consider every student's meta-cognition weaknesses and strengths during the process (ten Cate, Snell, Mann & Vermunt, 2004). Likewise, the recommended guideline of arranging feedback at a 'mutually agreed time' (Ramani & Krackov, 2012) between the teacher and learner looks far more unrealistic considering the escalating learners enrolments (Carless, 2006) that are being witnessed in institutions of higher learning. Therefore, studies have exposed various complexities linked to provision of feedback and ultimately affect the effectiveness of the process.

Studies have also revealed a number of other factors that either promote or impede feedback reception and utilisation by learners. In a study titled 'Feedback or Feed-forward', Deyi (2011) argued that grades and marks have effect on the perception, reception and interpretation of the feedback by learners. Deyi (2011) further reported that learners and teachers interpretation of assessment grade is different, with some learners viewing it as a yardstick to measure the amount of knowledge/skills acquired. The degree of trust (Carless, 2013; Sutton, 2012; Sutton & Gill, 2010) the manner in which feedback is conducted (Chowdhury & Kalu, 2004); the extent of academic language used (Sutton & Gill, 2010) and the overall goal of learning as reflected on transcript (Scott, 2014) also influence the reception of feedback by the learner.

Contrary to this, it was also acknowledged that regardless of grade, feedback is often not read, not understood and not acted upon, defeating the purpose teachers are striving to improve on the learner (Brown & Glover, 2006; Scott, 2014). The imbalanced teacher-learner relationship in some cases allows superiority of the teacher in reaching at decision, further questioning the applicability of the feedback as a shared process (Ramsden, 2003). In this study the researcher aims to understand learners' perception of nature and quality of comments they receive during their feedback on learning activities.

2.12 Focus of Feedback message

Literature has suggested that the focus of feedback message is particularly of significance to ensure feedback provided during teaching is effective (Hattie & Timperley, 2007). Hattie and Timperley (2007) further described the four levels of feedback that affect its efficacy during learning process. Feedback message's focus can be on the task, to evaluate whether the task performance by the learner was correct or incorrect. The processing at the task level seeks to address competence attainment and addition of information that was missed during the performance. The second level focus on processes (FP) that lead to that task. In the third level, feedback is aimed at encouraging the self-regulatory, self-belief mechanisms within the learner. Hattie and Timperley (2007) argued that when feedback focuses on self-evaluation level, it strives to promote the learner's self-regulatory and reflection mechanisms in the learner. The self-evaluation level focuses on what students already had as ammunition of how to tackle or correct new problems. Hattie and Timperley (2007), also claims that the last level looks at the 'self' as the person (FS) and may be rarely effective.

In a closely related subject, Johnson and Johnson (1993), proposed that feedback should be based on actual performance and comparing such with an established standard known to both student and facilitator. Practising feedback on such basis would not only improve its acceptance but also its impact on the learner (Sadler, 1989; Schartel, 2012).

2.13 Feedback and assessments

Assessments and feedback are closely related concepts that could be likened to a hand and glove. An assessment is a critical process that provides the teachers and learners opportunities to gather information that will be discussed during feedback (Hattie & Timperley, 2007). Therefore, assessments precedes feedback. Formative assessments are performed to build the learner and promote learning whereas summative assessments are concerned with evaluating the extent of the learner's achievement of set curriculum objectives (Howley, 2004; Wass, van der Vleuten, Shartz & Jones, 2001). Likewise, formative feedback is information regarding the extent of learner engagement with the task performed during formative assessments. Summative assessments also generate information for summative feedback.

However, Hattie and Timperley (2007) argued that to get relevant information for use in feedback the teacher should place more emphasis on devising assessment tasks that generate information about the discrepancy between the desired and actual performance. This is in contrast with the aim of most summative assessments where emphasis is placed on the adequacy of scores rather than

provision of information that drive the learner towards the attainment of set goals. This study will therefore seek to understand the learners' views in terms of the extent on which feedback is related to their performance during assessments.

2.14 Feedback specificity

Early feedback work by Kulhavy and Stock (1989) reported by Shute (2007), concluded that effective feedback contains two types of information: verification and elaboration. Shute (2007) refined verification phase of feedback, as provision of information that ascertains whether an answer is correct or not. However, verification message will not improve the performance unless it is combined with the equally important elaborative information. Elaboration is the feedback information that explains how the performance was incorrect, providing relevant cues to guide the learner toward a correct answer or desired level of performance (Shute 2007). Therefore, feedback that improves learner's performance should verify the learner position of understanding or performance. In addition, the feedback message should contain enough explanation with cues to ensure that the learner will not only be equipped with the knowledge of whether he/she has managed the task correctly but also how the task performance could be improved in future encounters.

2.14 Conclusion

Despite the plethora of literature on feedback, Molloy and Boud (2013) argued that there is growing evidence on non-adherence of teachers on recommended principles of effective feedback provision during teaching and learning. Some educationists argue that this observation is likely a result of the observation that literature stresses on focusing on improving the strategies of conveying feedback message to the learner (teacher-centeredness) instead of looking at ways to improve learning through feedback (learner-centeredness) (Barr & Tagg, 1995; Carless *et al*, 2010; Molloy & Boud, 2013; Nicol & MacFarlane-Dick, 2006). Therefore, an alternative constructivist framework which seek to deviate from the traditional 'behaviourist feedback ritual' was developed (Molloy & Boud, 2013; Mory, 2004). The alternative is represented by the self-regulation feedback model proposed by Butler & Winne, 1995. This new framework expects a paradigm shift where learners and teachers are expected 'to view feedback as a system of learning, rather than discreet episodes of educators *telling* learners about their performance' (Molloy & Boud, 2013). The suggested paradigm shift is thought to be the solution to this longstanding feedback theory practice disjunction.

Besides, the writer discovered that research results on feedback are often inconsistent, contradictory, and highly variable depending on the context of the study. Moreover, in the light of workload due to increasing learner population and class sizes coupled with low teachers' enrolment, studies have argued that teachers need to re-examine the nature of feedback in order to accommodate current trends in education (Nicol & Macfarlane-dick, 2006). This involves incorporating ideas such as learner involvement to foster reflective and self-regulating learning, critical elements in allowing learners to direct their own learning with less reliance and burden on teachers. Therefore the investigator conducted this exploration of feedback of learners to identify context related factors and cultures that may impede or enable feedback provision at a nursing school. This study therefore, sought for a better understanding of the experiences of nursing learners on the feedback that they received during their clinical practice, with the aim to inform the feedback strategies utilised in the nursing school.

Chapter 3

RESEARCH METHODOLOGY

3.1 Introduction

The methodology of a research study is guided by several factors such as the problem identified for study by investigator(s); purpose why the study is being conducted; philosophical perspective of the researcher; the research question and the objectives formulated for the study (Burns, Grove & Gray, 2013: 23 & 57). In chapter 1, the researcher philosophical perspective was that feedback is a cornerstone in clinical teaching and learning for nursing students that should follow proven frameworks to ensure its effectiveness in converting the learners' today mistakes into competency tomorrow. Clinical teachers therefore should strive to incorporate strategies that ensure learners utilise internal and external feedback to guide their learning and performance. Informal evidence emanating from the investigator's observations pointed that several enablers and barriers of effective feedback may exist in the nursing school this study focus on, questioning the quality and adequacy of feedback provided during clinical learning. The investigator therefore formulated the following research question to formally explore the situation. The research question that the study seek to answer is *'What are the experiences of learners regarding the quantity and quality of feedback they receive during clinical learning?'*

The study was aimed at exploring learners' experiences of feedback they received during clinical practice. To achieve this aim the following objectives were set for this study:

1. Understand how and when feedback currently takes place during clinical learning.
2. To identify the enablers and barriers to learning in the current feedback practices during clinical learning.
3. To determine the learners perceived impact of feedback practices they are experiencing during clinical learning.

In this chapter the investigator will outline research methods and research designs that were utilised to answer the research questions. In addition, the description will also include the strategies that the investigator used to ensure that the methods selected were applied in a way that ensure scientific rigor in the process. Strategies that were applied to confirm with ethical requirements will also be explained in the later part of this chapter.

3.2 Research methodology

As described in the early passage the investigator wanted to explore learners' experiences of feedback they received during clinical practice. The research methodology that was utilised to answer the research question in this study was therefore qualitative. Literature defines a qualitative research as a scholarly enquiry to describe life experiences from the persons involved in the assumed research problem (Burns, Grove & Gray, 2013: 57). Qualitative research seek understanding some aspect of social life, and it employs more holistic and in-depth methods to generate results in words, rather than numbers (Brikci & Green, 2007; Polit & Beck, 2010).

3.3 Research design

The study utilised a qualitative explorative descriptive design. According to Taylor & Medina (2012), qualitative explorative descriptive design is used to describe an understanding of the concept from the perspective of subjects affected by the situation. Exploratory-descriptive qualitative research is conducted to address a problem in need of a solution (Burns, Grove & Gray, 2013: 66). In this particular study the investigator identified the inconsistencies that surround feedback provision during clinical practice of diploma in nursing learners. Therefore the investigator chose the explorative-descriptive approach to address this problem which need a solution so as to promote learning among these learners.

3.4 Research Setting

A research setting is described as a location for conducting research (Burns, Grove & Gray, 2013: 709). This study focused on clinical practice feedback experiences of Paray School of Nursing diploma in nursing learners who are residing at Thaba-Tseka main campus, Lesotho. The focus group interviews were conducted at the Paray School of Nursing, Thaba-Tseka. The investigator organised with the learners selected to schedule the focus group discussions since there was no available time during class or clinical activities.

3.5 Study population

A study population is defined as the entire group of people who meet a certain criteria and where the focus of the research is (Burns, Grove & Gray, 2013: 351). The study population of this research was comprised of 120 learners who are registered for the three-year Diploma in Nursing programme. The reason why the learners of this programme were selected was that learners enrolled in this programme have the potential to have had more exposure to clinical practice

feedback unlike students in other shorter (12-18 months) programmes.

3.5.1 Sampling methods

Polit and Hungler (1997: 224) define sampling as a process of selecting a portion of the population to represent the bigger population during data collection of the research process. Non-probability purposive sampling method was utilised to select learners who participated in this study. Non-probability purposive sampling method is described in literature as intentional, purposeful, judgemental or selective sampling of certain participants (information rich cases) to include in the study (Burns, Grove & Gray, 2013: 365; Polit and Hungler (1997: 224).

The investigator selected diploma in nursing participants that were deemed to likely generate useful data for the project. Therefore, purposive sampling technique was chosen to ensure diversity of focus groups as well as ensuring that the selected participants would generate useful data (Patton and Cochran, 2002).

3.5.2 Sample size and nature

A sample is the selected group of people included to participate in data collection of a study (Burns, Grove & Gray, 2013: 351). The sample size and nature was informed by a number of factors from literature. Polit and Beck (2010) state that qualitative research samples can be small and selected according to information needed. Therefore, the sample size was determined on the basis of data saturation, a situation whereby the investigator of this study would no longer receive new information regarding clinical feedback provision during interviews (Burns, Grove & Gray, 2013: 371; Brikci & Green, 2007).

A total of twenty eight participants participated in the study. The researcher purposively selected learners to ensure that the sample was consisted of both male and female learners of different age groups and from different classes who had obtained high, average and low scores during their last summative clinical assessments. This was aimed at enhancing that valuable information is gathered since learners have different perceptions of feedback depending on their final grade (Deyi, 2011). Besides, the nature of this sample was made to ensure diversity in focus groups to generate useful data (Patton and Cochran, 2002).

3.5.3 Inclusion criteria

Diploma in nursing learners who met the inclusion criteria and who were willing to participate in

focus group discussions reflecting on their perceptions of the clinical practice feedback were invited to participate in the study. All learners' who were registered and studying in diploma in nursing programme at the time of data collection were eligible to participate in the study. Learners who obtained on average: high, medium and low scores during their previous clinical examinations were included in the study since learners have different perceptions of feedback depending on their final grade (Deyi, 2011). Finally the investigators included learners who have completed at least six months of clinical practice since such participants were more likely to share their rich experiences that could generate useful data.

3.6 Data collection

Data was gathered using four semi-structured focus group interviews which were conducted by the principle investigator. Each focus group interview lasted an average of about one hour and the data was collected within a six week period. A focus group involves organized discussion with selected group of learners to gain information about their views and experiences of a phenomenon and is particularly suited for obtaining several perspectives about the same phenomena (Brikci & Green, 2007; Sharif & Masoumi, 2005). The choice of focus group interviews facilitated a process where data could be collected from more participants at the same time. Moreover, this provided the investigator's with an opportunity to probe for more explanations to responses given unlike when using questionnaires.

Each focus group was made of a sample of students from one class to enhance their group interaction and cohesion since learners in one class are believed already developed group dynamics during previous class activities. In addition, such arrangement of group homogeneity was believed to be an added advantage for familiarity between learners that comes from shared background or experiences which could help in facilitating open communication and exchange of ideas (Stalmeijer, Mcnaughton & Mook, 2014).

Data was collected using a semi-structured interviews schedule as a guide for the focus group discussions (See Annexure A). The development of the prompts of these interview guides was informed by the literature. Data collection process took place in a quiet room with participants and investigator sitting in a semi-circle. The investigator posed questions in English and allowed the participants to discuss the concepts while listening and taking field notes. It was possible to have the focus group discussions in English because teaching-learning activities that are carried out at the institution are conducted in English language. Moreover, prior each focus group discussion, participants were told that English would be the medium of communication and they verbalised that

they did not had problems with such arrangement. The investigator used a voice recorder to capture information during focus group discussions to ensure back up mechanisms in addition to taking field notes during the group discussions. Minimal disturbances were experienced during data collection process.

3.6 Data analysis

After collecting data using focus group interviews, the principle investigator listened to the tape and transcribed the content of the tape. The transcribed data was analysed using inductive thinking as well as interpretive approach, identifying emerging themes. Interpretive approach seeks to understand phenomena through the meanings that people assign to them and why the phenomenon comes about (Elliot & Tumulak, 2005). Inductive thinking was described as perceptually putting pieces of information together and identifies the themes or meanings that emerge (Burns, Grove & Gray, 2013: 8).

During the initial analysis the investigator read the transcript line by line and paragraph by paragraph to yield a code list where all transcribed data were manually arranged into categories during the coding process (Lewins, Taylor & Gibbs, 2010). In this approach the investigator analysed all the transcripts, identifying themes that emerged from the transcribed verbatim data and gathering examples of transcriptions supporting those themes from the text. Data analysis of the transcripts began during, immediately after the first data were collected, although the process continued throughout the study. Furthermore, data analysis was done using an iterative approach. Boet and colleagues (2012) defined iterative approach as a process where data collection and analysis occurs together.

3.7 Trustworthiness

The ability of the investigator to ensure trustworthy or scientific rigor throughout the research process is paramount (Burns, Grove & Gray, 2013: 36). To achieve rigor the investigator should demonstrate openness, methodological congruence, scrupulous adherence to philosophical perspective, thoroughness in data collection, consideration of all data in the analysis process and self-understanding (Burns, Grove & Gray, 2013: 58; Brink, Van der Walt & Van Rensburg, 2012). Credibility, dependability, confirmability and trustworthiness are critical components questioned in most qualitative research methodologies (Maree, 2007; Boet *et al*, 2012; Shenton, 2004). To ensure all these essential elements and scientific rigor, a number of attempts were made by the investigator.

Firstly, only the proposed interview guide was utilised for the focus group interviews and focus group interviews were facilitated by the same interviewer throughout the data collection process. Besides, the investigator as the interviewer was made aware of own possible pre-conceptions and potential bias related to the phenomenon of interest prior to the data analysis process through introspection and reflection (Burns, Grove & Gray, 2013: 59). The data was coded manually by the investigator through listening and re-listening of the tape recorded data. This was also followed by reading the data several times and checking if all responses were appropriately coded. Coded data was co-checked by a peer skilled and experienced in qualitative data analysis. Finally, the investigator went back to some of the learners who participated in this study, to ascertain whether the transcribed data will be a truthful version of their experiences.

3.8 Ethical considerations

It is worth mentioning that there are no any predictable risks that this study imparted on participants. However, ethical requirements such as justice, confidentiality, anonymity as well as autonomy were upheld in gaining informed written consent from participants prior their engagement in focus group discussions. Moreover, to ensure that this research study observes ethical requirements the investigators had to obtain written approval from the Health Research Ethics committee at Stellenbosch University (Ethics reference number S15/06/132), National Health Research Ethics Committee (NH-REC) of Lesotho (Ethics reference number ID73-2015), educational institution and the participants (See Annexure E & F).

Selected learners were asked to give a written consent to participate in the study (See Annexure C). These participants also received explanation in clear and understandable language of the purpose of the study, the intended use of the data to be gathered and emphasis that they will be participating upon voluntary basis (See Annexure B for more details). Furthermore, participants were informed of their rights to withdraw from the study at any stage. The researcher ensured dignity and protection of harm of learners by giving assurance that denying participating would have no impact on the services they receive during learning.

3.9 Data management

To ensure security and confidentiality, audio recorded data and transcriptions were restricted to be accessed by only the principal investigator and supervisors. This was achieved by locking up completed written transcriptions, consent forms data in a wooden cabinet while electronic files containing research raw or analysed data were protected in a password protected computer. All

transcriptions and audio materials were kept and access to such data was restricted to the principal investigator, supervisors and the institution's research ethics committee for the purpose of conducting an audit trail if requested. Tape recorded data and transcriptions will be destroyed on completion of the study

Anonymity of participants was ensured during data collection, transcription and analysis through identification of details such as names. If found these were removed during transcriptions and replaced with pseudonyms. Secondly, the investigators did skim-read the transcripts to detect whether any other types of information with damaging implications if revealed. Finally, the researcher maintained confidentiality of data/records by separating data of transcriptions from identifiable records such as consent forms.

3.10 Summary

This chapter described the methods that the investigator utilised to examine the philosophical perspective surrounding the assumed inadequacy of feedback provision to nursing students during their clinical practice. The study utilised a qualitative exploratory design to describe the learner experiences of feedback. Purposive sampling was chosen to sample 28 learners who participated in four focus group discussion. Data was captured using a voice recorder. Analysis of data followed an iterative, inductive and interpretive approach to yield themes. Data on transcripts were checked and compared with information on recordings for accuracy (Botma, Greef, Mulaudzi & Wright, 2010).

Chapter 4

RESULTS AND DISCUSSION

4.1 Introduction

The analysis of data from focus group interview transcriptions generated ten themes namely, learners' understanding of feedback; occurrence of feedback; means for feedback provision; positive and negative feedback; learners perception of impact of feedback on learning; learners interest in feedback; learners response to feedback; feedback content; lack of standardisation for feedback provision as well as timing of feedback provision.

In this section, each of these themes will be described relating them to examples of statements extracted from the transcription verbatim. The descriptions of each theme will be followed by a discussion of the findings in light of the existing literature. The principal investigator conducted the analysis alone however; it was subjected to review and discussion with the supervisor to ensure rigour of the process.

Main Theme 1: Learner understanding of feedback.

Learners perceived feedback as a communication process where their actions were appraised by peers and clinical teachers. This was demonstrated when learners defined feedback as *'a review of what was done that is given by the assessors' or other students and it can be given by students to their assessors'*. (FG1:R6). This implies that learners view feedback as a two way process where both the teachers and learners give each other feedback. Another finding that was consistent in most learners' comments regarding their understanding of feedback was that they felt that the teacher's observation of a learners' performance of any clinical activity precedes any feedback process they receive. However, some learners' associated feedback with marks and assessments as evidenced by the learner defining feedback as *'a dialogue between assessor and learner discussing why they got low marks'* (FG3:R2). It can also be concluded that learner's perceive that feedback is needed by poorly performing learners as opposed to high performing learners. See table 4.1 for focus group participants' comments.

Table 1: Learner understanding of feedback

Participant	Comment
FG1:R6	'Feedback is review of what has been done and is given by the assessors and other students; it can be given by students to their assessors'.
FG2:R3	'Feedback is information about what I did and how it was done'
FG1:R3	' feedback is information describing the learners performance and 'is given by the assessor or peer and also by learners to their assessors'
FG3: R2	' a dialogue discussing why I got low marks'
FG4:R1	'A summary of what one had experienced during time of action'

Generally, the learners perception of the meaning of feedback were coherent with Corbett & Anderson, (2001) recommendation that feedback can be delivered (or obtained) after some performance or activity and should be based on learners' observable behaviour and actions (Ramani & Krackov, 2012). The learners understanding of feedback is similar to the notion proposed by Clynes and Raftery (2008) that feedback is aimed at providing learners with insight into their performance. In addition learners' views of feedback concurs with literature when it defines feedback as information describing student performance in a given activity intended to support learning as well as guiding future performance of the same activity (Ende 2007; Askew & Lodge, 2000). Hattie and Timperley's (2007) further argument that 'feedback is conceptualized as information provided by a teacher, peer or book regarding aspects relating to one's performance or understanding' was echoed in the discussions by learners regarding their understanding that feedback can be sought from peers or assessors. However, unlike Hattie and Timperley (2007), learners in diploma in nursing program do not view books or clinical manuals as a source of feedback during clinical learning.

The finding that learners associated feedback with marks is not a new concept. Assessments and feedback are closely related concepts that could be likened to a hand and glove. An assessment is a critical process that provides the teachers and learners opportunities to gather information that will be discussed during feedback (Hattie & Timperley, 2007). Therefore, assessments precedes feedback. However, as Hattie and Timperley (2007) argued that to get relevant information for use in feedback the teacher should place more emphasis on devising assessment tasks that generate information about the discrepancy between the desired and actual performance, assessments in the program should be designed to support learning and development of learners through feedback. This is in contrast with a situation where emphasis is placed on the adequacy of scores rather than provision of information that drive the learner towards the attainment of set goals.

Main Theme 2: Occurrence feedback

Two closely related aspects were observed in learners' responses during analysis namely feedback occurrence and feedback timing. When examining feedback, it is important to look at how often does such a process occur in learning. Feedback occurrence is related to timing but the latter place emphasis on how long the teacher takes before providing feedback to learners.

Learners' confirmed that they do receive some form of feedback, or information on their performance during clinical practice. Learners reported that nurses *'write excellent or good in their assessment forms'* as expected by the institution. However, there were also instances where this did not happen. *'At times after completing a patient care assignment nurses assign you another task for you, without telling you how you have performed'* (FG4:R7) said one of the responded to support this observation demonstrating scarcity of feedback. See table 4.2 for more participants' comments.

Table 2: Feedback occurrences and adequacy

Participant	Comment
FG4:R7	At times after completing a patient care assignment nurses assign you another task for you'
FG4:R5	'... nurses at time just write excellent or good in our assessment forms without giving explanations or feedback of how I managed'.
FG1:R6	'..... feedback is usually given after a procedure with teacher'
FG4:R7	' we always receive feedback, although the question is how it is done and it done to improve us'

Generally all learners who participated in the study confirmed that they do receive feedback on their performance of procedures although this observation is not witnessed all times. Moreover when provided, feedback may is usually consisting of vague message such as assigning learners new tasks without clear message of how they performed the previous one. Although, there is evidence that feedback is an essential component of the student learning process (Molloy & Boud, 2013; Ramani & Krackov, 2012), equal amount of literature has also revealed the inconsistency in the amount of feedback provided to learners (Carless, 2006; Clynes & Raftery, 2008; Raftery, 2001). Raftery, (2001) also argued that feedback on clinical performance is often not given and if given may be ineffective in improving learners performance, a situation similar to findings in this study. Anderson (2012) also shared the same sentiments when he reported that the most learners indicated that

quantity and quality of feedback is inadequate most of the times. The results in this study also correlate with literature as most of learners statements of feedback pointed out the inadequacy of the process. It would be advisable if the school of nursing incorporate suggestions by Ramani & Krackov, (2012) to make feedback timely and a regular occurrence.

Main Theme 3: Means of feedback provision

Learners' interviews revealed feedback provision in Paray school of nursing clinical placement areas mostly consists of traditional formats such as verbal or written forms.

Sub-Theme 3.1: Verbal feedback

Verbal feedback is provided mostly during routine work and interactions with health care providers. As expected, it is provided by nurses and other health practitioners working directly with the learners as evidenced by learner who said the nurse told her *'the importance of pulse checking prior administration of digoxin'* FG4:R1. Verbal feedback was also reported to be provided during practice and post placement meetings. In addition learners felt that most verbal feedback encounters are easy to remember. These included both the incidents of praise and those of embarrassments. An example is when a third year participant said that *'.... after that the manager told me that you handled this situation like a mature nurse I felt good, appreciated and will not forget that day'* (FG2:R3). See table 4.3 for more learners' comments regarding verbal feedback they obtained during clinical practice.

Sub-Theme 3.2: Written Feedback

On the other hand, written feedback is being used mostly during end of clinical rotation feedback through forms, checklists and logbooks. Learners viewed feedback to most likely take a form of a written account of the *'how they conducted themselves professionally as well as rating of their nursing care skills in checklist*' (FG2:R3). Written feedback is mostly provided by the registered nurses and nursing unit managers. See table 4.4 for participants' comments.

Majority of learners expressed dissatisfaction with the use of assessment forms (written feedback) as a form of feedback during their clinical practice. They felt that feedback they receive through these forms is unreliable and subjective citing various incidents demonstrating such characteristics when using these assessment forms to assesses, grade and offer feedback of their performance on 'soft

Table 3: Verbal feedback

Participant	Comment
FG4:R1	'..... The nurse corrected me and told me the importance of pulse checking prior administration of digoxin'.
FG1:R5	'..... Told on the last day that for example you're working speed need to improve'.
FG3: R6	'Verbal feedback is usually bringing fear to us as learners especially if it lacks elaboration ...
FG4:R5	'When I was dispensing drugs during medication round in first year I was about to make an error, the nurse shouted at me and told me that I will put her profession in danger so I should go and read principles before I can attempt to administer medications. I will not forget the encounter because I felt useless in front of a patient'
FG2:R6	'..... After that the manager told me that you handled this situation like a mature nurse and I felt good, appreciated and will not forget that day'.

skills'. Learners also cited that there is neither enough space on the form for elaboration of each grade nor time awarded for learner to seek clarification of what is missing to improve the grade or performance. Learners narrated occasions when *'nurses just write excellent or good in their assessment forms without giving explanations or feedback on how they managed the task'* (FG4:R5).

Another example is when learners said highlighted *'.....other cases when feedback forms are filled in their absence'* and when they seek clarification on some aspects they are told *'to go and read'* (FG3:R7). Another disturbing finding that question objectivity of written feedback is when learners cited episodes where *'marks on feedback/assessment forms are derived through personal choice of whose learner should get more marks than others instead of basing on learners' performance'*. See table above (table 4.4) for more examples of learners' perception regarding written feedback.

Sub-Theme 3.3: Non-verbal Feedback

The learners' comments may demonstrate that nurses may be *'communicating feedback in their silence'* without clearly stating where the student went wrong and how this error could be corrected. Learners commented that at times *'nurses take over tasks ... without communicating learners mistakes'* or *keep silent citing previous bad encounters with learners'* FG4:R4 .This may be interpreted differently by students and will most likely act as a negative feedback, barrier for

engagement in feedback practices as well as hampering learning among learners. See table 4.5 for participants' comments from the focus group interviews to support this observation.

Table 4: Learners' Perceptions on Written Feedback

Participant	Comment
FG2:R3	'... at the end of our unit attachments we usually submit end of placement clinical feedback and assessment forms to nurses who in turn give us feedback of how we conducted ourselves professionally and rate our nursing care skills in checklist.....'
FG4:R5	'... Nurses at time just write excellent or good in our assessment forms without giving explanations or feedback of how I managed'.
FG3:R6	'We rely on nurses filling our assessment forms yet at times they take more time... aikiri (is not it) at times it will be days after we left the ward yet no forms to submit to our instructor'
FG4:R3	'They (teachers) don't even say anything because they just write well done, good, useless comment there. They don't even explain to somebody that this one you did well'
FG2:R4	'When we are graded in assessment forms the feedback is like comparing ...
FG1:R7	'.... marks on feedback forms are derived by assessor's subjective choice of who (learner) should get more marks than others instead of basing on learners' performance'

Yang and Carless (2012) concluded, feedback is mostly being conveyed in written or verbal formats and also in electronic format. Electronic means is not a practice in this study. Most recent literature project that technological advancement in assessments is a promising direction which affords for flexible feedback provision (Mory, 2004; Yang & Carless, 2013) Indeed, assessments and feedback in the new millennium has become predominantly technology-based (Carless, 2006). However, clinical assessments and feedback experienced by learners in this study demonstrated a huge gap between these assumptions and reality at the institution as almost all feedback is paper based and verbal.

Table 5: Non-verbal Feedback

Participant	Comment
FG2:R5	'...they keep silent sort of ignoring the student because of last encounters with students of the same group. So you feel unwanted, unwelcomed, and not useful as there is no comment of whether your decisions are correct'.
FG4:R4	'One other time one nurse just took over the task to order supplies without communicating my mistakes....later she said I was delaying routine, I felt as if I was worthless'.

Literature has documented discrepancies between the learner and teachers' perception of written or verbal feedback and that of the teacher. Molloy & Boud (2013) argued that verbal and written feedback deviates considerably from principles of effective practice. Therefore, the feedback theory-practice disjunction observed in this study is not a new concept. Finally, there is no clear explanation from the literature regarding feedback derived from teacher's non-verbal cues.

Main theme 4: Positive and Negative feedback

The results analysed from interview transcripts illustrated that both positive and negative feedback are provided to nursing students in the programme.

Sub-Theme 4.1: Positive Feedback

Learners acknowledged that both positive and negative feedback were commonly given during their clinical practice. Although, episodes of positive feedback were infrequently cited during interviews, some learners described instances in which such feedback was given. An example of a verbatim that indicates positive feedback provision is when one learner narrated incident that lead her to be told that she *'managed to follow the key points and should now teach her colleagues'* FG3:R4. Learners also felt that they usually receive positive feedback during their first clinical placements unlike in subsequent years, although they felt this was because nurses guided them well to avoid endangering patients as well as preparing them to be safe and reliable *'helping hands of minor duties'*. Comments such as *'nurses give us helpful feedback in first year so that we can be of help'* (FG4:R7) were commonly passed during focus group discussions. See table 4.6 for some of participants' comments to support this observation.

Table 6: Positive feedback

Participant	Comments
FG3:R4	'...I was told that I had managed to follow the key points and should also teach my colleagues, made me to feel useful and productive'
FG4:R7	'..... They give us helpful feedback in first year so that we can be of help'.
FG3:R1	'.....when I failed the task in first year I was told that nurses they all learnt from somewhere, by doing the wrong thing then at the end of the day they were will improve'
FG2:R6	'After that the manager told me that you handled this situation like a mature nurse and I felt good, appreciated and will not forget that day'.
FG2:R5	'.... I was wrong and the nurse corrected me and explained the importance of pulse checking prior administration. The nurse was very supportive indeed that from that day onwards I always check vitals prior medication administration in first year'
FG4:R5	'I was told to manage patients' from cubicle 7 for the whole shift. So I was supposed to ensure that I met the needs of each and every patient in those cubicles. I did that well and my supervisor told me that I will be a better nurse and manager'.

Sub-Theme 4.2: Negative Feedback

In contrast, the results demonstrated that feedback provided to learners in the programme is mostly negative in nature. Often students are told that they are not good at all or are left without explanations of corrections of the mistakes they had done. Evidence of this was seen when the learner reported that she was told she was *'not good enough to get all marks and therefore should go and read texts'*. As expected such feedback was found to demotivate learners. Participants' comments from interviews presented in table 4.7 demonstrate the existence of negative feedback message during clinical practice.

Table 7: Negative feedback

Participant	Comments
FG1:R2	'...when I was dispensing drugs during medication round in first year I was about to make an error, the nurse shouted at me and told me that I will put her work in danger so I should go and read principles before I can attempt to administer medications'
FG3: R4	'When you ask why did I not score more on this point, they usually say you are not good enough to get all marks go and read your texts'.
FG1:R2	'You hear them say 'I will not give you higher marks than mang mang (another learner), you are not doing better than mang mang (another learner) so I will give you a two'.
FG2:R3	'But when you always being told you are not like last groups, you seem not to be good at your practice.....'
FG4:R3	'..... When I was trying to insert an iv line and I didn't manage to do it. Then the nurse instead of helping me she shouted at me saying that I am shaking..... Then she took things and continues.

These results concurred with literature that feedback can be graded as positive or negative depending on how it was given (Hattie & Timperely, 2007; Shrivastava, Shrivastava & Ramasay, 2014). Positive feedback can also be described as constructive (Shrivastava, *et al*, 2014) or reinforcing (Clynes & Raftery, 2008). In both definitions, positive feedback is viewed as information on successful and failed actions to guide learners to adjust and direct their efforts to match the challenge being faced (Fishbach, Eyal & Finkelstein, 2010). Conversely negative feedback could be corrective and constructive (Clynes & Raftery, 2008), although the phrase is mostly used refer to 'bad sounds of feedback'.

Both forms equally have powerful influences on learning and achievement (Hattie & Timperley, 2007). In return, feedback can either have a positive or negative effect on the learning of students (Fishbach, Eyal & Finkelstein, 2010). Positive feedback can either motivate the learner in goal pursuit or relaxes the learner as he/she will be regarding herself to have reached the goal. On the contrary, negative feedback can demotivate the learner as he/she may feel incapable to reach the goal or it can motivate goal pursuit when it signals insufficient goal progress. This study demonstrated that both positive and feedback are provided during learners practice, although the imbalance of

negative versus positive feedback is a concern since the expectation is that teachers should provide positive/constructive feedback to improve goal pursuit. However, recent literature has also argued that most contexts are characterised by feedback theory –practice disjunction where the recommended principles of providing positive/constructive over negative feedback are never adhered to (Anderson, 2012; Molloy, 2013).

Moreover, this study also revealed that nurses view feedback as a tool of ‘preparing helping hands’ that will provide safe nursing care. This finding is disturbing since learners should be regarded safe in procedures they were observed and corrected, not on new skills that are part of their objective during that particular placement. We argue that both first years (novices) and third year’s learners need feedback to improve their clinical practice. Third years are only good at procedures they were tested and coached not higher level skills that are objectives at their level. This implies that a third year learner could be a novice in certain patient cases or procedures that are new to him/her at that level. This observation is not common in literature although, it was proved that without adequate feedback, learners mistakes go uncorrected with chances of them being repeated at the expense of patients (Cantillon & Sargeant, 2008; Bienstock *et al*, 2007). Therefore, it is likely that in this study nurses are coaching and providing feedback to learners to ensure that they are safe to practice without their direct supervision.

Main theme 5: Learners perception of impact of feedback on their learning

Results discussed in the previous section demonstrated that both negative and positive feedback were apparent during clinical practice. Likewise, both positive and negative effects of feedback were also verbalised by learners across the program during focus group interviews.

Sub-Theme 5.1: Positive effects of feedback

Learners felt that feedback they received during clinical placements had a positive impact in their learning. Irrespective of the degree of the positivity or negativity of feedback, some students had an impression that feedback motivated them to learn whilst others were demotivated by feedback they received.

5.1.1 Effects of constructive feedback

Some students welcomed negative (constructive/corrective) feedback as they view it as a gauge of their movement towards goal pursuit. They felt that such feedback helps them to adjust their

internal learning goals and setting new targets to reach their goal of learning. An example is when the learner stated that:

‘ I was about to administering digoxin, I did not check the pulse. The nurse called me and asked what I should do before giving that medication. ... I was wrong and the nurse corrected me and explained the importance of pulse checking prior administration. The nurse was very supportive indeed that from that day onwards I always check vitals prior medication administration’ FG3:R8).

One learner demonstrated his trust for negative feedback as he viewed it as ‘symbol of a learner’ evidenced when he said that *‘... it is good to hear that something is wrong as he will tend to trust that feedback as a learners instead of being told he is good yet he knows he is not perfect’* (FG2:R5). Therefore, learners handle negative feedback in a way that elicits more effort and ultimately improve performance and competence. See table 4.8 for more learners’ comments regarding positive effects that results from negative feedback.

Table 8: Effects of constructive feedback

Participant	Comment
FG2:R5	<i>‘ It is good to hear that something is wrong you tend to trust that feedback as a student not to always hear that everything is good yet I know I am not perfect.</i>
FG3:R8	<i>‘ I was about to administering digoxin, I did not check the pulse. The nurse called me and asked what I should do before giving that medication. ... I was wrong and the nurse corrected me and explained the importance of pulse checking prior administration. The nurse was very supportive indeed that from that day onwards I always check vitals prior medication administration’.</i>
FG1:R4	<i>“....when they told us that our work output and skills are like those of junior students, we work hard to put more effort to prove them wrong at the end of the year”.</i>

5.1.2 Effects of reinforcing feedback

The study demonstrated that positive/reinforcing feedback elicits a positive learner response. After receiving a positive response learner will more likely strive to maintain the new momentum which will elicit self-directedness in their learning? This was demonstrated when one respondent said positive feedback they received from a preceptor pushed them *'to work hard to be good in the nursing care plan in the next unit'* (FG2:R4) as well as the *'feeling of usefulness when praised to have handled this situation like a mature nurse'* (FG2:R6). See table 4.9 for learners' comments regarding positive effects of positive feedback.

Table 9: Effects of reinforcing feedback

Participant	Comment
FG2:R6	'.....during first year, after that the manager told me that you handled this situation like a mature nurse and I felt good, appreciated and will not forget that day.
FG2:R4	'...in one unit we were once allocated to work with one preceptor, he helped us with our skills, at the end of the placement he told us that we were filling the nursing care plan very well. It helped us and pushed us to work hard to be good in the nursing care plan in the next unit'
FG3:R4	'...I was told that I had managed to follow the key points and should also teach my colleagues, made me to feel useful and productive'.

Sub-Theme 5.2: Effects of negative feedback

5.2.1 Feeling of Frustration and demotivation

In contrast, some junior learners tend to be frustrated by negative feedback. Such feedback has also caused learners to be discouraged with work and resulting in them losing interest in learning and their self-efficacy. Two learners who participated in first and second year focus group verbalised that they received feedback comments that made them to feel useless how far they are from reaching their desirable levels of competence. This is evidenced when a learner said:

'She (nurse) said we are not useful, she would rather do things herself, it will be quicker and stress free and this made us to feel helpless and demotivated' (FG3:R6).

As much as motivation was evident in learners as a result of reinforcing feedback, demotivation was also apparent among learners and phrase such as ‘felt discouraged and lost interest’ was common during learners’ discussions (FG2:R2). The results also showed that learners verbalised feeling demotivated and unworthy when they received verbal feedback. Not a single learner cited a situation where they were demotivated when negative feedback was given in a written format. See the table below (Table 4.10) for more comments.

Table 10: Feeling of Frustration and demotivation

Participant	Comment
FG2:R2	“.... But when you always being told ‘you are not like last groups, you seem not to be good at your practice’..... You will be discouraged and loose interest”.
FG2:R4	‘...when I was dispensing drugs during medication round in first year I was shouted at after almost making an error. I was afraid of being innovative’
FG3:R6	‘She (nurse) said we are not useful, she would rather do things herself, it will be quicker and stress free and this made us to feel helpless and demotivated’.

In summary, learners studying in diploma in nursing cited several occasions in first years where positive feedback motivated their learning. Likewise, learners verbalised occasions when negative feedback made them feel unenthused to attain competence. Literature has already identified neutral supportive language, use of non-judgemental statements as well as avoidance of personal and destructive feedback as tips for effective feedback provision (Anderson, 2012; Clynes & Raftery, 2008; Hewson & Little, 1998; Ramani & Krackov, 2012). Therefore, the way learners felt as demonstrated during group responses is an expected outcome if principles of effective feedback provision are not adhered to by teachers. However, some senior learners demonstrated to be comfortable with negative feedback as their responses demonstrated that such feedback could elicit their self-regulation mechanisms and self-directed learning.

The finding that positive feedback support learning in first year students whilst negative feedback drive learning in third years is not new in literature. The finding is coherent with notion by Fishbach, Eyal & Finkelstein (2010), when they concluded that novices are more likely to adhere to a goal after receiving positive (versus negative) feedback whereas experts are more likely to adhere to a goal

after receiving negative (versus positive) feedback. It has become a common understanding that learners are viewed to be moving in a continuum from novices to experts (Benner, 1984). Likewise, during this transition it was proposed that learners are also experiencing a shift of transition from favouring positive feedback to motivate goal pursuit (when novices) as opposed to negative feedback to motivate goal pursuit among experts (Fishbach, Eyal & Finkelstein, 2010; Louro, Pieters, & Zeelenberg, 2007).

Therefore, this study revealed that senior learners have demonstrated that negative feedback encourages them to focus on goal attainment (see table 4.8). On the other hand, novice learners in first year would benefit from clinical teachers who encourage improved performance by offering positive feedback. It would be encouraging to note that clinical teachers in this context should utilise the findings of this study by increasing negative feedback as the learner transit from novice (first year) to expert (third year) to promote the learner goal pursuit and ultimately improve their performance (Fishbach, Eyal & Finkelstein, 2010).

Theme 6: Learners' interest in feedback

Learners demonstrated to differ in their interests regarding the contents feedback message they received during clinical assessments. Depending on the weight the assessment or feedback has on their overall study progression some learners' interest is on the marks more than the elaboration given or written by the teacher.

Sub-theme 6.1: Identification of areas for improvement

Learners verbalised that they looked at feedback as a way to identify their weaknesses and improve on them. Feedback was therefore regarded more as a reflection of their performance. This is what some of them had to say with regard to their feedback interest,

'We are not looking at the marks for CA (continuous assessment) but on improving ourselves. We don't want marks because some fake ourselves' (FG4:R2).

See table 4.11 below for more comments by participants related to this notion.

Sub-theme 6.2: Perception on marks

However, learners' did not disregard the value of marks in clinical feedback and assessment forms, as they emphasised that when it comes to assessments that are graded for 'continuous assessment',

their attention to marks during feedback was increased. In addition when written feedback is provided during assessments learners reported that ‘the presence of marks shift their intention to pass not to improve’ learning since these assessments may be high stake examination of learning. During the interviews one learner argued that their interest ‘... *is of course at times marks since I want to see if I am better than last time*’ FG3:R3. See table 4.12 below for more comments by participants related to this finding.

Table 11: Identification of areas for improvement

Participants	Comments
FG4:R2	‘We are not looking at the marks for CA (continuous assessment) but on improving ourselves. We don’t want marks that fake ourselves’
FG3:R5	“I want to understand which steps I performed well and which ones I am wrong, so that I will be able to decide how to work on my weaknesses...”
FG4:R3	‘At times we get 100%....but I want to be know how aikiri (isn’t it)? I won’t be having that confidence that I know this thing (procedure) as they just supervise you when you are about to finish the procedure and say you have 100 %, it means nothing to me...’

In general, most learners perceived that feedback comments related to clinical performance had more impact than marks in improving their overall understanding and future performance. However, if the performance determines the progression of learners or is graded as a numerical value they shift their attention of feedback to grades. The finding is not new in literature as it was already been alluded by Deyi in 2011 when they attested that grades and marks have effect on the perception, reception and interpretation of the feedback by learners. Like Deyi (2011) the results in this study further conclude that learners interpret assessment grade during feedback as a yardstick to measure the amount of knowledge/skills acquired to meet the overall goal of learning.

In a slightly different perspective, literature argues that there is usually an overlap between conducting feedback and evaluation during teaching (Anderson, 2012; Hattie & Timperley, 2007). Feedback may be compromised as the teacher and learner focus on the performance in relation to grading system with little attention on the equally important elaborative feedback that could improve the performance, a reason for feedback paucity (Ende, 2007). Although through evaluations feedback information is generated, it is believed that feedback is done to improve performance

whereas evaluation is primarily for summative purposes (Anderson, 2012). Therefore, there is a need for a teacher to be conscious of both evaluation as well as feedback during teaching-learning activities. Likewise, the learners' views in this study demonstrate that most of the feedback provided was not for formative purposes but more or less for (summative) evaluation of skills.

Table 12: Perception on marks

Participants	Comments
FG4:R4	'..... marks, at times yes, we never bother what was written. Aikiri (by the way) marks are part of continuous assessment which determine my overall grades.'
FG4:R5	'We recommend no grading on feedback forms on clinical area, since presence of marks shift our intention to pass not to improve'.
FG2:R2	'We don't improve in skill because the marks we get are biased so no concentration on skill improvement but rather on marks.
FG3:R3	'... is of course at times marks since I want to see if I am better than last time'

Theme 7: Feedback content

Learners expressed that feedback information in either written and verbal feedback formats rarely improve their learning. The messages are mostly confirmatory although at some cases learners don't even receive feedback that confirms that their skill or thinking behind their actions is correct.

Sub-Theme 7.1: Feedback specificity

7.1.1 Lack of confirmation

Some feedback provided lacked confirmation of whether the learner is correct or wrong. Messages of feedback contained vague sentences such as '*you did it normal, there was no problem*' (FG4:R5) questions if a learner understood their position in terms of their performance. Feedback is being given as isolated phrases or sentences without clear explanations of what went wrong/right and what should be done to correct the situation. Nurses tend to concentrate on assigning learners more

tasks than the feedback related to performance of such. One example is a quote by a learner during the interview when she verbalised that:

‘.... our seniors do not really speak to us if we are doing things right or if we need to work on some areas. One time we were tasked to monitor vitals of patients in a cubicle and she was busy with other cubicles. After reporting our findings and our nursing actions, the nurse just said oho!!..... We did know what to say and do’. (FG3:R7).

See table 4.13 for learners’ comments.

Table 13: Lack of confirmation

Participants	Comments
FG4:R5	‘After supervision, they will first tell you still did it normal, there was no problem. At times they just say if you have done it they can assign you another task for you’.
FG3:R7	‘.... our seniors do not really speak to us if we are doing things right or if we need to work on some areas. One time we were tasked to monitor vitals of patients in a cubicle and she was busy with other cubicles. After reporting our findings and our nursing actions, the nurse just said oho!!..... We did know what to say and do’.
FG3:R8	‘OohI see you have finished with dressing the patient prepare for observations’

7.1.2: Lack of elaboration

The results of this study demonstrated that most of the feedback provided to learners during clinical practice lacked details. A third year respondent said

‘It is better to be told where you need to improve rather than to be told on the last day that the working speed needs to improve (FG2:R3).’

This statement demonstrates that feedback lacked elaboration to enhance learner performance. It is similar to when learners were told that *‘... in your group you know nothing’* (FG4: R3) during end of clinical rotation feedback. Such feedback could have left learners with challenges in identifying their

weaknesses that they need to work on. It would have been better if they are told what they went well and what need to be improved. There is one learner however, who narrated an incident where feedback she was provided contained confirmatory as well as elaborative messages to guide her learning saying *'the nurses were supportive, explained the procedure, corrected me and I managed'* (FG4:R3).

Besides, there was no teachers' enquiry to assess if the learners demonstrated understanding that might have been missed during the procedure. This was picked up during interviews when a respondent said,

'When they say after a procedure, you still need to work on principles, it's like they are making assumptions that I know them' (FG2:R2).

Therefore, scaffolds are not being laid during the feedback encounters but rather teachers make assumptions that learners already have necessary pillars to construct their knowledge. After completing a task nurses made assumptions of learners' foundational or functional knowledge without giving a guide to a learner. See table 4.14 for more learners' comments.

Although, occasions exist during clinical practice of diploma in nursing learners where there is no confirmation of correct and incorrect decisions, it can generally be concluded that when feedback is passed to learners it is mainly for confirmatory/verification purposes. Confirmatory feedback is ineffective way of improving future performance of skills among learners if it is not combined with equally important elaborative message (Shute, 2007). It is almost obvious that such feedback is invaluable in addressing errors and correcting thinking behind the procedural skills of learners in this study.

The lack of elaboration during feedback witnessed in this study is contrary to Shute (2007), Hattie & Timperley, (2007) suggestions that to be effective, teachers should provide feedback with sufficient details of how to improve the next encounter rather than feedback that end on indicating whether the learners' correct or not. Besides, Shute (2007) argued that the amount and specificity of information relayed during feedback is of great impact to the overall learning of learners. The importance of conveying feedback message in its simplest and easily interpretable form was also stressed in literature (Shute, 2007). Such feedback message should always contain information that verifies whether the learner's answer is right or wrong whilst providing directive or facilitative information to the learner about the correct response (Hartman, 2002; Shute, 2007). However, feedback provided to learners in this study is far from these expectations as it is characterised by

vague statements that neither direct nor facilitate learning among learners. In the example of the feedback given above, it is expected that the facilitator should guide the learner by giving hints of what is relevant for the patient to be taught and how best to approach the situation in future encounters. Therefore, facilitators might expect learners to stand on their own during the next encounters (probably examinations) yet evidence pointed that clinical teachers were not providing the necessary scaffolds that will enable learners to manage the task.

Table 14: Lack of elaboration

Participants	Comments
FG2:R3	'It is better to be told where you need to improve rather than to be told on the last day that for example you're working speed need to improve.'
FG4:R 3	'... then we were told that in your group you know nothing'
FG2:R1	'... You are just left with a year, you did not do the procedure like a second year, go and practice before wasting my time. No explanation of where someone needs to work on and what to do to improve'.
FG3:R1	'... The nurse told me that I did not cover most of the points for this patient during the procedure as well as I need to read more. She told me to go and read diabetes mellitus more'.
FG2:R2	'When they say after a procedure, you still need to work on principles, it's like they are making assumptions that I know them'.

Theme 8: Lack of Standardisation

As described by some learners during interviews, feedback given to learners was not based on established standards. As a result this allowed feedback process to be contaminated with other influencing factors such as attitudes, favouritism as well as personalisation of the feedback message. A learner narrated this behaviour when she said,

'When we are graded in assessment forms the feedback is like comparing. You hear them say 'I will not give you higher marks than mang mang (Learner A), you are not doing better than mang mang (Learner A) so I will give you a two' (FG2:R3).

Learners also felt that there was no adequate supervision during clinical practice for nurses to base feedback on, allowing situations where teachers made assumptions with no concrete evidence. A third year student explained that that nurses *‘won’t be supervising her like the first year even when she ask for supervision for things that are critical’* FG4:R2. Furthermore, learners described several situations where feedback provision lacked the technique to aid the learner to convert current errors into success for future performance. Instead, in such scenarios feedback will be characterised by teacher telling learner how they performed’ in a non-dialogic manner. During focus group interviews a learner said,

‘...in some cases we usually have a dialogue discussing why I got low marks. But in most cases clinical feedback forms are filled in your absence’ (others agree and nodding) (FG4:R4).

Although it could have been insignificant, sandwich feedback technique was employed by a clinical teacher as verbalised by one learner during interview. See table 4.15 for examples of learners’ perception regarding provision of feedback that is based on standards.

In general learners’ general perception is that teachers are giving feedback without basing it on observed behaviour. Moreover, in some instances feedback is made by drawing comparisons of students or groups or is linked to unobserved performances. The findings really question the objectivity and effectiveness of such feedback, a cause of concern among the learners and the investigator. The current practice could lead in vague interpretations being drawn from feedback messages. Therefore, the observation in this study that provision of feedback provided does not based on observable performances is in contrary to the calls by renowned authors such as (Anderson, 2012; Clynes & Raftery, 2008, Ramani & Krackov, 2012) who encouraged feedback that is based on actual performance and comparing such with an established standard known to both student and facilitator. Therefore, it would be advisable for the school of nursing to draw guidelines of feedback provision and train clinical nursing personnel to standardise feedback and promote learning.

The results shows that feedback provision is infrequently coherent with the recommended techniques such as Pendleton’s rules (Chowdhury & Kalu, 2004) sandwich technique; (Cantillon & Sargeant, 2008; Bienstock *et al*, 2007) which have been central to the teaching of feedback techniques in education. These rules and technique emphasises that the in a dialogic manner, the clinical teacher should begin by offering positive feedback, then refocused on correcting problematic behaviours before wrapping with learners’ suggestions to enhance improvement in future encounters. More importantly the technique for feedback provision employed by clinical teachers in

this study seems inadequate to guarantee promotion of the learner ‘feed forward’ process (Hattie & Timperley, 2007; Molloy & Boud, 2013). The ‘feed forward’ process seeks to foster learner’s plans for further engagement with task as well as identification of opportunities to close the gap between the current and desired student performance.

Table 15: Lack of standardisation

Participant	Comment
FG2:R1	‘..... You are just left with a year, you did not do the procedure like a second year, go and practice before wasting my time. No explanation of where someone need to work on and what to do to improve’, were passed.
FG2:R3	‘When we are graded in assessment forms the feedback is like comparing. You hear them say ‘I will not give you higher marks than mang mang (Learner A), you are not doing better than mang mang (Learner A) so I will give you a two’.
FG4:R2	‘...so maybe at the second year they won’t be supervising me like the first time even when you ask for supervision for things that are critical.... definitely I will not ask feedback because I know it will not tell me about how I performed in such situations’.
FG2:R5	‘It is also because they use hear say, the person giving you feedback does not based on facts rather on hearsay.....’
FG4:R6	‘..... but then I look at the procedure I did with instructor there (in simulation laboratory) I will not forget because he made me understand where I go wrong and when or how to get it right and we discuss our roles to decide our next actions

Main theme 9: Learners response of external feedback

Results demonstrated that learners perceived and responded differently to external feedback they received from clinical teachers as well as internal feedback they generated during clinical learning. The overall perception of the learner regarding task achievement is influenced partly by the learner’s

internal feedback processes. The learner's view of the external feedback in relation to their self-assessment also determines the degree of their acceptance and response to such external feedback.

Sub theme 9.1: Learners acceptance of external feedback

Learners accepted the external feedback depending on how they felt about it in relation to their internal perception of goal achievement. When the external feedback concurred with their internal perception according to self-assessment, learners accepted feedback and set new goals working towards achieving such goals.

'Feedback ... helps you to see things differently from what you thought you did well. It is good and we like it for our learning. We use such corrections and apply them to improve ourselves and teach our colleagues' FG3:R6. See table 4.16 for more comments.

Learners also narrated cases where after receiving negative feedback they initially felt demotivated. However, their sorrow state did not last as they reflected and re-adjusted their internal feedback processes, setting new objectives to enable them to meet the demands of the teacher (external feedback). An example is when a learner said *'we felt small. But after a day we started seeing it from the positive side. Since then we have been working to prove to that person that we can do it'* (FG1:R5).

Table 16: Learners acceptance of external feedback

Participant	Comment
FG3:R6	<i>'Feedback ... helps you to see things differently from what you thought you did well. It is good and we like it for our learning. We use such corrections and apply them to improve ourselves and teach our colleagues'</i>
FG1:R5	<i>'But after a day we started seeing it from the positive side. Since then we have been working to prove to that person that we can do</i>
FG4 R: 6	<i>'One day I was called by my supervisor and she explained how I had missed that the patient was de-saturating. The corrections helped me to see my weaknesses and I started to work on that to ensure all the patients were doing well. At first it did not touch me well but...</i>

Sub theme 9.2: Learners' rejection of external feedback

Conversely, learners also have instances when their internal understanding of the level of performance (internal feedback) is contradictory to what the teacher said (external feedback). In such scenarios, learners often reject feedback as they resort to other internal self-regulatory mechanisms to improve performance. In addition some learners ignored the external feedback. This is evidenced by the response by one student who said '*... but when you are given feedback that you cannot understand in relation to how you feel you have performed, you will not listen to it or do anything*' (FG1:R6). Table 4.17 below have more comments related to the observation.

This study revealed that learners differ in their perception, reception and response to external feedback. While some learners rejected external feedback, other learners welcomed the external feedback and began activities to implement corrections suggested by the teacher. Most of the results discussed here concur with findings in literature. External feedback doesn't always concur with the learner internal perception of task achievement as it may either augment or conflict with conclusions reached by the learner's internal feedback (Juwah *et al*, 2004). These 'maladaptive responses to

Table 17: Learners' rejection of external feedback

Participant	Comment
FG2:R4	Some feedback is biased with last experience or rotation. So why should I improve because I know even if I come early you will always say I am unprofessional
FG4:R3	'All of them (attributes) you will get fours even if you were late all the time because they love you or favour you. But when you have something does even if you do them correctly you won't get higher marks
FG1:R6	'I don't really bag to be told that I am nice, but when you are given feedback that you cannot understand in relation to how you feel you have performed, you will not listen to it or do anything'.

external feedback' where the learner can ignore the external feedback; reject the external feedback; view the feedback as not relevant and perceive that there is no link between the internal and external feedback were described by Molloy and Boud in 2013. This may explain the observations why performances of learners in summative examinations do not reflect if learners had received feedback to flag and correct errors as was discussed in problem statement.

Besides, negative feedback was also shown to induce strong emotional responses that may lead to the feedback being rejected especially when it is given at variance with a learner's self-assessment (Schartel, 2012). Depending on whether the task was achieved or not the learner's self-generated feedback information might lead to re-interpretation of the task or to the adjustment of internal goals or of learning tactics and strategies (Juwah *et al*, 2004). This explained the findings of this study where learners verbalised that they work towards internal set goals irrespective of whether the feedback they received was either positive or negative. The notion witnessed in this scenario demonstrate self-regulatory mechanisms which many theorists argue that it should be cultivated in learners in a learner centred approaches (Barr & Tagg, 1995; Hattie & Timperley, 2007; Molloy & Boud, 2013; Nicol & Macfarlane-Dick, 2006).

Theme 10: Timing

When examining feedback, it is important to look at how often does such a process occur in learning. This concept was described as feedback occurrence in earlier passages and is related to timing but the latter place emphasis on how long the teacher takes before providing feedback to learners.

Sub-theme 10.1: Delayed feedback

Learners had different views of the timing of feedback they received during clinical learning. Generally most learners alluded that feedback provision during clinical practice was delayed. Learners cited clinical staff as the main problem for this delay, expressing disappointment that most of the feedback '*is given long after the task or placements*' FG1:R4. The learners also claim that after the delay in getting their feedback, conditions exists when nurses relay such feedback information to their instructors without first discussing with them, a condition that is thought to further lead to learners rejecting teacher feedback. See table 4.18 for participants' comments.

Sub-theme 10.2: Negative effects from delayed feedback

Generally, learners felt that most of the time feedback on clinical learning activities was not given. Learners verbalised to lose interest in feedback when they finally get it since by that time they will be busy with other objectives. One of the learners said in a focus group discussion

‘They (nurses) delay with our feedback that when it comes it is usually useless since we will be concentrating on some things’ (FG1:R6).

Table 18: Delayed feedback

Participant	Comment
FG1:R4	‘Assessment forms feedback is given way after the activity or allocation. Nurses delay with our feedback that when it comes it is usually useless since we will be concentrating on some things’.
FG2:R3	‘When the feedback delays I will Reflect on his performance to see how I performed’.
FG1:R2	‘Feedback should be given when students are there, not to hear from instructors that we are bad, tell us so that we can improve’

Moreover, delay in providing feedback makes learner to lose trust in it. It also leaves them with little time to work on improvement. See table 4.19 below for examples of participants’ comments regarding the matter.

Sub-theme 10.3: Positive effects of delayed feedback

Immediate and delayed feedback may also activate positive learning effects among learners. Positive effects were demonstrated when delayed feedback encourages learners’ engagement in active cognitive or metacognitive processing, promoting their self-directedness. An example is the statement by a learner, who participated in focus groups interviews when he said,

‘When the feedback delays he will reflect on his performance to see how he performed according to expectations on the checklists’ FG2:R3.

Again this serves as an example of the self-evaluation mechanisms that learners develop to improve their performance. Learners also reiterated that feedback is usually useless when it is provided later, since they would have had '*shifted their concentration on current tasks*' (FG1:R6).

Table 19: Positive and negative effects of delayed feedback.

Participant	Comment
FG1:R6.	'One of the students said in a focus group discussion 'they delay with our feedback that when it comes it is usually useless since we will be shifting our concentration on current tasks'.
FG2:R3	(... Reflect on his performance to see how he performed according to expectations on the checklists'.
FG2:R4	It would be better to use self-grading mechanism to accompany nurses grading on assessment forms because nurses also delays with feedback forms.

The results discussed in this section demonstrated delayed feedback effects on learning which are similar to those which were described by Shute in 2007. Shute (2007) concluded that immediate and delayed feedback may both activate positive and negative learning effects among learners. When feedback is delayed, self-evaluation and reflection *on* action (Taylor & Hamdy, 2013) mechanisms are instituted within the learner resulting in promoting self-directed learning. Contrary to this, delayed feedback also produced negative effects in learners. These negative effects were demonstrated when delayed feedback discouraged learners' engagement in active cognitive or metacognitive processing. Shute (2007) argued that delaying feedback for struggling and less motivated learners causes them to be frustrated. Some learners in this study also verbalised discontent and lack of interest when the feedback delayed, a scenario similar to Shute (2007) argument. The results also concurred with conclusions by Mathan and Koedinger (2002) that 'the effectiveness of feedback depends not only on the main effect of timing, but on the nature of the task and the capability of the learner'. This was shown in this context where learners from the same program responded differently to the problem of delayed feedback they were experiencing.

4.2 Summary

In summary, feedback is viewed, handled and used differently by learners who participated in this study. The results explained the learners' characteristics also played a major role regarding reception, response and comprehension of external feedback. Such characteristics included but not limited to the level of the learner competency (novice versus expert); learners who preferred negative feedback versus learners who preferred positive feedback; those who accepted external feedback versus those who rejected external feedback; self-directedness versus teacher directedness; grade oriented versus comments oriented and finally level of study (junior learners versus senior learners). At the same time lack of standards, unstandardized written feedback as well as delay in feedback provision were cited as the major barriers to feedback provision. In a related concept, feedback contexts described by some learners as conducive for learning were not necessarily highlighted by other learners in the program as having same effects. Whilst some learners learn effectively with negative feedback others tend to be demotivated when receiving such. At the same time some learners tend to relax after receiving positive feedback whereas some used it as a compass to reach their desired goal.

Chapter 5

CONCLUSION AND RECOMMENDATIONS

5.1 Introduction

Feedback is an integral element of clinical teaching and acts as a platform for identification of learners' deficiencies as well as raising learner's awareness about their performance while directing their future actions (Hattie & Timperley, 2007; Quinton & Smallbone, 2010; Ramani & Krackov, 2012; Schartel, 2012). Without feedback mistakes could be repeated in future as the learner will be unaware of such. Learners' enrolments at Paray School of Nursing have quadrupled during the past four years. Since feedback provision during clinical practice of learners is mainly done by clinical teachers, an imbalance between learners and clinical nursing staff enrolments during the past five years has increased the workload of nurses as they strive to balance between their teaching role and patient care. During summative assessments of previous learners who have graduated, the investigator witnessed several occasions where learners made mistakes that could have been avoided if feedback and coaching was instituted during training. These circumstances have casted a doubt on the adequacy and quality of feedback learners are subjected to during their clinical practice. These observations have informed the investigator to formally explore the current learners' experiences of feedback during clinical learning.

Therefore, the investigator formulated the research question as: *What are the experiences of learners regarding the quantity and quality of feedback they receive during clinical learning?* The aim of the study was to explore learners' experiences of feedback they received during clinical practice. The objectives of the study were to understand how and when feedback currently takes place during clinical learning; to identify the enablers and barriers to learning in the current feedback practices during clinical learning and to determine the learners' perceived impact of feedback practices they are experiencing.

In chapter two the investigator conducted a literature search with the purpose of gaining insight on what is known regarding the concept of feedback and its application in medical education. The third chapter of the study focused on descriptions of methods that the investigator utilised to examine the philosophical perspective surrounding the assumed inadequacy of feedback provision to learners during their clinical practice. The study utilised a qualitative exploratory design and purposively sampled 28 learners who participated in four focus group discussion. Analysis of data followed iterative, inductive and interpretive approaches to yield themes. Chapter four focused on

descriptions of each theme which was followed by a discussion of the findings in light of the existing literature the investigator had reviewed earlier in chapter two. The results better the understanding of the learners' experiences of feedback and conclusions which were drawn will be discussed in the next section. The chapter will also include study recommendations, assumed study limitations before concluding with a summary of the study.

5.2 Conclusions

Several conclusions were drawn after the analysis of transcription verbatim of this study. Firstly, the data collected demonstrated that learner's associate the term 'feedback' with the information, message or teacher's reaction after performance of an activity with an aim of giving an insight about performance. Learners expect to receive formative feedback during daily activities of their clinical practice irrespective of the level of their study or how long they have been in a unit.

Secondly, the results from this study concluded that learners perceived that feedback should be provided after any activity of patient care they engage in not necessarily only after assessments. However, most of the feedback they receive is evaluative (summative) and not formative since the feedback they receive comes mainly during performance of procedures for grading.

Besides, feedback provision in this study was found to be mostly done through written or verbal means and usually provided to one learner at a time, a result that which does not affords for flexible feedback provision considering the human resource strain the clinical area is currently facing.

As expected the results illustrated that both positive and negative feedback are prevalent during clinical teaching-learning. It can also be concluded that both positive/reinforcing feedback motivated the diploma in nursing learner in goal pursuit or relaxes the learner as he/she will be regarding herself to have reached the goal. On the contrary, negative/constructive feedback either demotivated some learners as he/she may feel incapable to reach the goal or motivated goal pursuit when it signalled insufficient goal progress in the learner. The study results revealed that negative feedback passed to learners through verbal means could be more destructive compared to written negative feedback. The judgemental language used and non-verbal cues used by clinical teachers neither draws the learner closer to the teacher nor trigger the learners' interest to seek more feedback and practice.

The investigator can also conclude that feedback that clinical teachers provide to novice learners should be critically moderated as it can have detrimental effects or be a nutrient for professional

and personal growth of these learners. Learners in this study mostly cited their first clinical year feedback encounters as their most fascinating or remembered scenarios.

The other conclusion reached is that the responses from focus groups made up of senior learners demonstrated that these learners tend to be more comfortable with negative feedback compared to their junior counterparts. Responses demonstrated that negative feedback to senior learners could elicit their self-regulation mechanisms and self-directed learning for goal attainment whereas novices preferred to positive (versus negative) feedback for goal pursuit. Basically, we argued that the amount of negative feedback should increase as the learner moves across the novice expert continuum in order to produce more educative and catalytic effects from feedback provided. It would be encouraging if clinical teachers in this context utilise the findings of this study by increasing negative feedback as the learner transit from novice (first year) to expert (third year) to promote the learner goal pursuit and ultimately improve their performance, a call similar to that by Fishbach, Eyal and Finkelstein (2010).

Due to observations that learners are more interested in marks than comments when feedback is provided, we argue that the program should conduct more formative assessments and feedback where no grades are utilised but rather emphasis is put on improvement of performance.

The investigator also concludes that most of the feedback provided to learners is of verification type making it ineffective to identify their weaknesses if not accompanied by the equally important elaborations to ensure learners' errors on performance are addressed. Besides, the feedback message is usually contaminated with decretory language, personalisation and favouritism further making it difficult for the learner to accept it. Finally, feedback was found to lack necessary scaffolds to help improve learners' cognitive footing.

Feedback provided to learners is haphazard with no model or standards followed or agreed by clinical teachers to ensure its effectiveness. Besides, a theory-practice disjunction exists where recommended feedback techniques or theories are rarely applied in practice.

The results supported the conclusions made by Molloy & Boud, in 2013, when they concluded that external feedback does not always concur with the learner's internal perception of task achievement as it is either augmented or conflicted with conclusions reached by the learner during internal feedback. Likewise learners in this study accepted, rejected or ignored external feedback depending on their view of such external feedback in relation to their self-assessment. Moreover, learners in this study do not only rely on the teachers' (external) feedback as but they often generate their own

self-evaluation, reflection as well as self-regulatory mechanisms. These mechanisms have helped some learners to adapt better to handle negative feedback by directing their learning efforts as well as re-adjusting their learning goals and strategies.

In light of learning theories, it can be concluded that feedback provision in this study mainly follows the behaviourist perspective where the teacher tells the learner whilst the latter assumes a passive role. Feedback is rather being delivered like a 'prescription of change' (Chowdury & Kalu, 2004).

In summary, feedback is viewed, handled and used differently by learners who participated in this study. Precisely, the study results revealed that if feedback is provided it usually follows a 'behaviourist feedback ritual' (Molloy & Boud, 2013; Mory, 2004). Occasions when feedback is provided was described by learners to be characterised by teachers telling learners about their performance with little time allowed for a dialogue. We therefore, support the Molloy & Boud, (2013) proposed paradigm shift where learners and teachers are expected "to view feedback as a system of learning, rather than discreet episodes of teachers 'telling' learners about their performance".

5.2 Assumptions and Study Limitations

The idea of focusing on diploma in nursing is the likely limitation the study will have. It would have been critical to widen the population target to all programmes to avoid identifying program specific problems. Purposive sampling may have excluded students who were interested to participate and share valuable information regarding feedback. The researcher involvement in qualitative data collection poses a risk of bias (Maree, 2007) whereby learners say things to please the educator during focus group discussions. The investigator employed several strategies that eliminate bias and ensure scientific rigor (See section on trustworthiness). Another likely limitation of the study could have been its focus on learners' feedback perception without exploring the views of another role player in feedback process, which is the teacher.

5.3 Recommendations

The following recommendations are made in relation to the results obtained from this study.

- Literature clearly spells the recommended techniques, guidelines and models that guide feedback provision in clinical teaching. The investigators also advocate for development or adoption of a feedback framework and strategies that will ensure regular occurrences of timely and adequate feedback (See Table 4.2 and theme 10).

- The school should develop standards for feedback provision and make them known to all stakeholders so as to address lack of standardisation (See theme 8).
- Faculty development should be held on feedback practice and theories underpinning feedback in clinical teaching to reduce theory-practice gap in feedback provision (See theme 7 and 8).
- Employ other feedback strategies that reduce subjectivity of feedback, improve ownership and learners involvement such as end of clinical rotation feedback meetings between clinical teachers and learners (See tables 4.14 and 4.14)
- Time should be allocated for formative assessment and feedback during clinical placements to avoid only evaluative feedback provision (See table 4.11).
- Feedback should be dialogic as recommended in literature. Besides, teachers should ensure they encourage learners' self-assessment prior feedback provision to promote self-regulatory mechanisms (See theme 9).

5.3.1 Future studies

- A study to investigate factors that influence readiness for teachers and learners in engaging in a paradigm shift from behaviourist to constructivist approaches.
- Finally, a broader study that will aim to identify the perceptions and understanding of the clinical nurses towards their role in the clinical supervision, feedback and mentoring of learners would be recommended.

5.4 Final comments

The study has illuminated into various factors that are barriers in feedback provision at the school of nursing. Moreover, it identified several learners' specific, teacher specific and institutional specific factors that could aid effective feedback provision at the school. The results demonstrated that feedback was viewed, handled and used differently by learners who participated in this study. The results explained the learners' characteristics also played a major role regarding reception, response and comprehension of external feedback. Such characteristics mainly included level of the learner competency; learners level of study; learners preferred type of feedback; feedback specification and learner level of self-regulation. Generally, learners expressed dissatisfaction regarding the feedback citing that it lacks necessary scaffolds or pitched at appropriate level to improve their performance. Moreover in those few occasions when it was given, feedback was found to be mainly characterised by teachers 'telling' learners about their performance with little time allowed for a dialogue with

learner or for reflection *on* how they performed. This finding defeats the main purpose of feedback process as a 'system of learning' as it is intended in literature. The investigator recommends that the school develop or adopt a self-regulation feedback model that could utilise already existing self-regulation mechanisms that learners in diploma in nursing has already displayed in this study. Further research on implementation of such adopted feedback innovation would be paramount.

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Annexure A: Semi-structured interview

Questions to guide the research during interview. **NB: these are open ended questions and other questions might be asked during probing of the participant responses.**

1. What does the word feedback in terms of clinical learning mean to you?
2. What form of feedback did you receive during clinical learning? Who provided this feedback to you? When does it usually happen?
3. Describe a feedback experience that you will never forget? What made it to be so memorable?
4. What nature of feedback do you usually receive in your learning? Tell me your experience in receiving feedback in your learning?
5. What did you like or dislike about feedback you received? What do you think made you feel comfortable/uncomfortable about the feedback you were given?
6. How do you respond to feedback you receive during learning?
7. What is your experience in participating in receiving feedback during learning? How would you describe the role that you have played during feedback process?
8. Describe the contents of the feedback that you usually receive during learning? What is entailed in the description of written and verbal feedback you get?
9. How significant is the grade to you during the feedback?
10. Describe your experience of performing a task /skill) before and after feedback. [How valuable is the feedback to your learning].
11. What changes would you recommend to the current system?
Any other comments?

Annexure B: Participant Information Leaflet

TITLE OF THE RESEARCH PROJECT:

“Student nurses’ experience of feedback during clinical learning at a rural Nursing School: An exploratory study”.

PRINCIPAL INVESTIGATOR: **B. Masava**

ADDRESS: **Flat number 3
Paray School of Nursing staff residence
Thaba-Tseka**

CONTACT NUMBER: **+ 266 63496142**

You are being invited to take part in a research project. Please take some time to read the information presented here, which will explain the details of this project. You are welcome to ask the investigator any questions about any part of this project that you do not fully understand. It is very important that you are fully satisfied, clearly understand what this research entails and how you could be involved. Also, your participation is entirely voluntary and you are free to decline to participate. If you say no, this will not affect you negatively in your studies or any way whatsoever. You are also free to withdraw from the study at any point, even if you do agree to take part.

This research study has been approved by Health Research Ethics Committee at the University of Stellenbosch and National Health Research Ethics Committee (NH-REC) of Lesotho. The study will be conducted according to internationally accepted ethical standards and guidelines. This research study will be conducted at Paray school of nursing, Thaba-Tseka. The study aims to seek an understanding of diploma in nursing students’ experiences regarding feedback they receive during clinical learning. Data will be collected through three group discussions. Each group discussion will be made up of 6-8 students from one class. A total of at least 24 participants will be therefore recruited to take part in this study. Therefore, you have been invited and expected to participate in group discussions arranged by the researcher to answer questions which seek to illuminate feedback provision at the school since you are one of the students in this programme. The discussion is expected to last approximately 45 minutes. Audio tape recorder will be used for recording participants’ conversations during group discussions.

Although there are no direct personal benefits in this study, the project will lay a foundation in designing means to enhance feedback practice for effective learning in future groups. The investigator believes that the enriching experience of clinical practice feedback you will share will

help to inform future teaching- learning activities and plans of the programme. Besides, this will be an opportunity for you to put forth student perceptions and suggestions for future practice. It is worth mentioning that there are no any predictable risks that this study put on participants. If you do not agree to take part in this study, you are free to use other alternative ways to air your views such as programme and end of clinical rotation feedback.

Information that will be obtained from you during focus group discussions will be kept locked in areas where access to such data will be restricted to bona fide researchers for genuine research purposes. Tape recorded data and transcriptions will be destroyed on completion of the study. Throughout data collection and analysis process, the researchers will ensure participants' identity remain anonymous. There will be no costs involved for you, if you do take part. You can contact the Principal Nurse Educator of the school or Health Research Ethics Committee at **021-938 9207** if you have any concerns or complaints that have not been adequately addressed by the researcher. You will receive a copy of this information and consent form for your own records.

NB: If you are willing to participate in this study please sign the attached Declaration of Consent and hand it to the investigator.

Annexure C: Consent Form

Declaration by participant

By signing below, I agree to take part in a research study entitled ***“Student nurses’ experience of feedback during clinical learning at arural Nursing School: An exploratory study”***.

I declare that:

- I have read this information and consent form and it is written in a language with which I am fluent and comfortable.
- I have read that audio tape recorder will be used for recording participants’ conversations during group discussions. The audio recorded data and transcriptions produced will be restricted for access to only the principal investigator and supervisors of the study.
- I have read that audio tape recorded data will be destroyed on completion of the project. Besides, data obtained during the interviews will only be used for this study.
- I have had a chance to ask questions and all my questions have been adequately answered.
- I understand that taking part in this study is **voluntary** and I have not been pressurised to take part.
- I may choose to leave the study at any time and will not be penalised or prejudiced in any way.
- I may be asked to leave the study before it has finished, if the researcher feels it is in my best interests, or if I do not follow the study plan, as agreed to.

Signed at (*place*) on (*date*) 2015.

.....

Signature of participant

.....

Signature of Witness 1

.....

Signature of Witness 2

.....

Date:

.....

Date:

Annexure D: Clinical Feedback forms

PARAY SCHOOL OF NURSING

Diploma in General Nursing Assessment Form

(To be filled by the Registered Nurse in the Ward)

Year of study.....

Clinical Area.....

Student's Name.....

Date.....

4=EXCELLENT, 3=GOOD, 2=FAIR, 1=POOR

(MAX SCORE: 44)

PERSONAL QUALITIES

		1	2	3	4
1	Is well groomed and professional in appearance				
2	Meets expectation in attendance and punctuality				
3	Display initiative and interest in in learning				
4	With guidance recognizes and accepts responsibility for own actions				
5	Demonstrate courtesy and tact in relating to peers, patients and their families, instructors and staff in general				
6	Show empathy with patients in pain or distress				
7	Practice ethical conduct appropriate for this level in the nursing education program				
8	Work output				
9	Working speed				
10	Thoroughness				
11	Recording and reporting				

Evaluator's comments and signature:

Student's comments and signature:

Nurse in charge signature.....

Annexure E: Stellenbosch University Ethics Clearance Letter



UNIVERSITEIT • STELLENBOSCH • UNIVERSITY
jou kennisvenoot • your knowledge partner

Approval Notice Response to Modifications- (New Application)

25-Aug-2015
Masava, Beloved B

Ethics Reference #: S15/06/132

Title: Student nurses' experience of feedback during clinical learning at a rural nursing school: an exploratory study.

Dear Mr Beloved Masava,

The **Response to Modifications - (New Application)** received on **12-Aug-2015**, was reviewed by members of **Health Research Ethics Committee 1** via Expedited review procedures on **25-Aug-2015** and was approved. Please note the following information about your approved research protocol:

Protocol Approval Period: **25-Aug-2015 -25-Aug-2016**

Please remember to use your **protocol number (S15/06/132)** on any documents or correspondence with the HREC concerning your research protocol.

Please note that the HREC has the prerogative and authority to ask further questions, seek additional information, require further modifications, or monitor the conduct of your research and the consent process.

After Ethical Review:

Please note a template of the progress report is obtainable on www.sun.ac.za/rds and should be submitted to the Committee before the year has expired. The Committee will then consider the continuation of the project for a further year (if necessary). Annually a number of projects may be selected randomly for an external audit.

Translation of the consent document to the language applicable to the study participants should be submitted.

Federal Wide Assurance Number: 00001372
Institutional Review Board (IRB) Number: IRB0005239

The Health Research Ethics Committee complies with the SA National Health Act No.61 2003 as it pertains to health research and the United States Code of Federal Regulations Title 45 Part 46. This committee abides by the ethical norms and principles for research, established by the Declaration of Helsinki, the South African Medical Research Council Guidelines as well as the Guidelines for Ethical Research: Principles Structures and Processes 2004 (Department of Health).

Provincial and City of Cape Town Approval

Please note that for research at a primary or secondary healthcare facility permission must still be obtained from the relevant authorities (Western Cape Department of Health and/or City Health) to conduct the research as stated in the protocol. Contact persons are Ms Claudette Abrahams at Western Cape Department of Health (healthres@pgwc.gov.za Tel: +27 21 483 9907) and Dr Helene Visser at City Health (Helene.Visser@capetown.gov.za Tel: +27 21 400 3981). Research that will be conducted at any tertiary academic institution requires approval from the relevant hospital manager. Ethics approval is required BEFORE approval can be obtained from these health authorities.

We wish you the best as you conduct your research.
For standard HREC forms and documents please visit: www.sun.ac.za/rds

If you have any questions or need further assistance, please contact the HREC office at 0219399657.

Included Documents:

CV E Archer
MOD_Checklist
Protocol
CV E Smuts

Annexure F: Lesotho Ethics Clearance Letter



Ministry of Health
PO Box 514
Maseru 100

October 15, 2015

Masava Beloved
Mphil HPE Student
University of Stellenbosch

Dear Dr. Masava


Re: Student nurses' experience of feedback during clinical learning at a rural Nursing School: An exploratory study (ID73-2015)


Thank you for submitting the above mentioned proposal. The Ministry of Health Research and Ethics Committee having reviewed your protocol hereby decides that it has the criteria "The research is conducted in commonly accepted educational settings involving normal education practice". **The committee exempts the proposal from research and ethics review** and authorizes you to conduct the study with the understanding that you agree on the following rules:

- In the event of changes in material or design or execution of the activity, the Research and Ethics Committee must be consulted through the Research Coordination Unit, MOH.
- The study is conducted among the specified population.
- The study protocol will be followed as stated. Departure from the stipulated protocol will constitute a breach of the permission.

We are looking forward to have a progress report and final report at the end of your study.

Sincerely,

Dr. Nyane Letsie 
Director General Health Services


Dr. Jill Sanders
Co-chairperson
National Health Research Ethics
Committee (NH-REC)

